

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

GREAT AMERICA PAC

ADDRESS (number and street) ▼

107 S West St

Suite 555

☐ Check if different than previously reported. (ACC)

Alexandria

VA

22314

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00608489

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15  
Quarterly Report (Q1)☐ July 15  
Quarterly Report (Q2)☐ October 15  
Quarterly Report (Q3)☐ January 31  
Year-End Report (YE)☐ July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)☐ Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)  
(Non-Election  
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)  
(Non-Election  
Year Only)☐ Apr 20 (M4)☒ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election  
Report for the:☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the  
State of

(d) 30-Day

POST-Election  
Report for the:☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the  
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y

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 Dan Backer

Signature of Treasurer

Dan Backer

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 12/2004

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

GREAT AMERICA PAC

Report Covering the Period:

From:

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

To:

 M M / D D / Y Y Y Y Y  
 06 / 30 / 2016

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2016		0.00
(b) Cash on Hand at Beginning of Reporting Period.....	500971.24	
(c) Total Receipts (from Line 19) .....	2562367.08	5066968.87
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	3063338.32	5066968.87
7. Total Disbursements (from Line 31) .....	1868992.97	3872623.52
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	1194345.35	1194345.35
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	261327.00	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

GREAT AMERICA PAC

Report Covering the Period:

From:

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

To:

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2016

**I. Receipts**
**COLUMN A**  
Total This Period

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

## 11. Contributions (other than loans) From:

(a) Individuals/Persons Other  
Than Political Committees

(i) Itemized (use Schedule A).....

291269.72

465073.72

(ii) Unitemized .....

937587.53

1926917.75

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ►

1228857.25

2391991.47

(b) Political Party Committees .....

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) ..... ►

1228857.25

2391991.47

## 12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

## 13. All Loans Received .....

0.00

300000.00

## 14. Loan Repayments Received.....

0.00

0.00

## 15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

15612.53

19316.72

## 16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

## 17. Other Federal Receipts

(Dividends, Interest, etc.).....

1317897.30

2355660.68

## 18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5) .....

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),  
12, 13, 14, 15, 16, 17, and 18(c))..... ►

2562367.08

5066968.87

## 20. Total Federal Receipts

(subtract Line 18(c) from Line 19)..... ►

2562367.08

5066968.87

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	17071.10	117693.03
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	17071.10	117693.03
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	18360.00	24594.00
24. Independent Expenditures (use Schedule E) .....	1655686.14	3385601.14
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	50000.00	50000.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	7584.35	8582.36
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	7584.35	8582.36
29. Other Disbursements .....	120291.38	286152.99
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	1868992.97	3872623.52
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	1868992.97	3872623.52

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	1228857.25	2391991.47
34. Total Contribution Refunds (from Line 28(d)) .....	7584.35	8582.36
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	1221272.90	2383409.11
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ►	17071.10	117693.03
37. Offsets to Operating Expenditures (from Line 15, page 3).....	15612.53	19316.72
38. Net Operating Expenditures (subtract Line 37 from Line 36) ..... ►	1458.57	98376.31

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 2173

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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)  
**GREAT AMERICA PAC**

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

Mailing Address 21650 MALIBU AVE

City State Zip Code  
PRIOR LAKE MN 55372-8757

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

Name of Employer Occupation  
INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF

Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt

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

**Transaction ID : SA11A.315217**

Amount of Each Receipt this Period

200.00

☐ Memo Item

CONTRIBUTION

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

Mailing Address 11012 LA CABREAH LANE

City State Zip Code  
FORT WAYNE IN 46845-2106

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

Name of Employer Occupation  
INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF

Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	22	/	2016

**Transaction ID : SA11A.325029**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

CONTRIBUTION

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

Mailing Address 6720 CIRCLE DR.

City State Zip Code  
RADFORD VA 24141-8276

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

Name of Employer Occupation  
INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF

Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	28	/	2016

**Transaction ID : SA11A.329795**

Amount of Each Receipt this Period

500.00

☐ Memo Item

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1700.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 2173

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. RONALD ADAMS**

Mailing Address 285 HIDDEN VALLEY CT

City  
MORRISTOWNState Zip Code  
IN 46161-9651FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST EFF

INFORMATION REQUESTED PER BEST EFF

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		21		2016

Transaction ID : SA11A.324156

Amount of Each Receipt this Period

500.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**B. JUNE ADLER**

Mailing Address 10515 BEL AIR DR.

City  
BEAUMONTState Zip Code  
CA 92223-5512FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST

INFORMATION REQUESTED PER BEST EFF

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Transaction ID : SA11A.327081

Amount of Each Receipt this Period

250.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**C. CARMEN AERNANDEZ**

Mailing Address 8 CALLE PALMERAS

City  
HUMACAOState Zip Code  
PR 00791-6000FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST EFF

INFORMATION REQUESTED PER BEST EFF

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

Transaction ID : SA11A.316795

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

850.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

PAGE 8 OF 2173

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

## **A. GLORIA AKERS**

Mailing Address P.O. BOX 50164

City State Zip Code  
DENTON TX 76206-0164

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

06 / 24 / 2016

Transaction ID : SA11A.327911

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

## **B. BARBARA ALEXANDER**

Mailing Address 93 JEFFREY PINE LN

City State Zip Code  
CARSON CITY NV 89705-6837

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

RETIRED

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

06 / 13 / 2016

Transaction ID : SA11A.319351

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

## **C. BARBARA ALEXANDER**

Mailing Address 93 JEFFREY PINE LN

City State Zip Code  
CARSON CITY NV 89705-6837

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

RETIRED

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

06 / 21 / 2016

Transaction ID : SA11A.324311

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

300.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

PAGE 9 OF 2173

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

## **A. HAROLD ALLEN**

Mailing Address 713 WAKEFIELD CT

City  
 EL PASO

State  
 TX

Zip Code  
 79922-2127

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

06 / 22 / 2016

Transaction ID : SA11A.324517

Amount of Each Receipt this Period

500.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

## **B. JUDY ALLEN**

Mailing Address 2041 FRANSWORTH DR.

City

NASHVILLE

State

TN

Zip Code

37205-2701

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED PER BEST  
EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFF

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 27 / 2016

Transaction ID : SA11A.328520

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

## **C. DOROTHY ALSUP**

Mailing Address 6602 HIGHWAY 39

City

SOMERSET

State

KY

Zip Code

42503-5005

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED PER BEST EFFC

Occupation

INFORMATION REQUESTED PER BEST EFF

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 23 / 2016

Transaction ID : SA11A.326060

Amount of Each Receipt this Period

500.00

☐ Memo Item

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

1100.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 10 OF 2173

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. ROBERT AMATO**

Mailing Address 421 WATSON RD

City State Zip Code  
NORLINA NC 27563-9474

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 24 / 2016

Transaction ID : SA11A.326863

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**B. DONALD ANDERSON**

Mailing Address 775 WHISPER WOODS DR.

City State Zip Code  
LAKELAND FL 33813-5649

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

06 / 10 / 2016

Transaction ID : SA11A.317354

Amount of Each Receipt this Period

1000.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**C. GAIL ANDERSON**

Mailing Address 416 UNION AVENUE

City State Zip Code  
SARATOGA SPRINGS NY 12866-6422

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1950.00

Date of Receipt

06 / 22 / 2016

Transaction ID : SA11A.333280

Amount of Each Receipt this Period

500.00

☐ Memo Item

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

1600.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 OF 2173

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

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

Mailing Address 3352 HICKMAN LN

City State Zip Code  
COLUMBIA TN 38401-8544

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

Name of Employer Occupation  
INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt

M M	D D	Y Y Y Y
06	22	2016

Transaction ID : SA11A.325023

Amount of Each Receipt this Period

500.00

☐ Memo Item

CONTRIBUTION

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

Mailing Address 27 ADAM WAY

City State Zip Code  
ATHERTON CA 94027-3901

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

Name of Employer Occupation  
INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
225.00

Date of Receipt

M M	D D	Y Y Y Y
06	15	2016

Transaction ID : SA11A.320980

Amount of Each Receipt this Period

150.00

☐ Memo Item

CONTRIBUTION

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

Mailing Address 9023 E SIERRA AVE.

City State Zip Code  
CLOVIS CA 93619-9012

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt

M M	D D	Y Y Y Y
06	29	2016

Transaction ID : SA11A.330306

Amount of Each Receipt this Period

500.00

☐ Memo Item

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶

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

1150.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

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

Mailing Address 3740 BURTON LANE

City State Zip Code  
 DENVER NC 28037-6414

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

Name of Employer Occupation  
 RETIRED RETIRED

Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
 500.00

Date of Receipt

**06 / 24 / 2016**

**Transaction ID : SA11A.333349**

Amount of Each Receipt this Period

500.00

☐ Memo Item

CONTRIBUTION

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

Mailing Address 59 MCKINLEY SPRINGS RD

City State Zip Code  
 PROSSER WA 99350-9307

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

Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFF

Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
 325.00

Date of Receipt

**06 / 27 / 2016**

**Transaction ID : SA11A.328544**

Amount of Each Receipt this Period

250.00

☐ Memo Item

CONTRIBUTION

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

Mailing Address 20 SAINT PETERS WALK

City State Zip Code  
 SUGAR LAND TX 77479-2525

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

Name of Employer Occupation  
 ARCHER VOLKSWAGEN&ARCHER KIA SECRETARY

Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
 2150.00

Date of Receipt

**06 / 17 / 2016**

**Transaction ID : SA11A.321850**

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

850.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 13 OF 2173

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

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

Mailing Address P.O. BOX 2188

City State Zip Code  
 PECOS TX 79772-2188

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

Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFFC

Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
 1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 29 / 2016

Transaction ID : SA11A.330835

Amount of Each Receipt this Period

1000.00

☐ Memo Item

CONTRIBUTION

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

Mailing Address 231 N MANNING ST  
 X

City State Zip Code  
 HILLSDALE MI 49242-1216

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

Name of Employer Occupation  
 RETIRED RETIRED

Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
 275.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 08 / 2016

Transaction ID : SA11A.317031

Amount of Each Receipt this Period

25.00

☐ Memo Item

CONTRIBUTION

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

Mailing Address 231 N MANNING ST  
 X

City State Zip Code  
 HILLSDALE MI 49242-1216

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

Name of Employer Occupation  
 RETIRED RETIRED

Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
 275.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 14 / 2016

Transaction ID : SA11A.319932

Amount of Each Receipt this Period

50.00

☐ Memo Item

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶

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

1075.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. FLO ARNOLD**

Mailing Address 231 N MANNING ST  
X

City State Zip Code  
HILLSDALE MI 49242-1216

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 22 / 2016

Transaction ID : SA11A.324379

Amount of Each Receipt this Period

25.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**B. FLO ARNOLD**

Mailing Address 231 N MANNING ST  
X

City State Zip Code  
HILLSDALE MI 49242-1216

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 30 / 2016

Transaction ID : SA11A.331740

Amount of Each Receipt this Period

50.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**C. HENRIETTA ASH**

Mailing Address P.O. BOX 2509

City State Zip Code  
YOUNTVILLE CA 94599-2509

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED PER BEST EFF

Occupation

INFORMATION REQUESTED PER BEST EFF

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 27 / 2016

Transaction ID : SA11A.328674

Amount of Each Receipt this Period

300.00

☐ Memo Item

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

375.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

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

Mailing Address 203 HOUSTON ST

City State Zip Code  
GREEN COVE SPRINGS FL 32043-2511

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

Name of Employer Occupation  
INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF

Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 27 / 2016

Transaction ID : SA11A.329289

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

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

Mailing Address 5710 OAKTREE AVE

City State Zip Code  
FORT LAUDERDALE FL 33312-6376

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

Name of Employer Occupation  
INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF

Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 22 / 2016

Transaction ID : SA11A.324593

Amount of Each Receipt this Period

500.00

☐ Memo Item

CONTRIBUTION

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

Mailing Address 6240 MOUNTAINVIEW DR.

City State Zip Code  
COLUMBUS GA 31904-2273

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

Name of Employer Occupation  
INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF

Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 23 / 2016

Transaction ID : SA11A.326447

Amount of Each Receipt this Period

200.00

☐ Memo Item

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

800.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

## **A. LUCY AVERILL**

Mailing Address 202 WEXFORD CT

City State Zip Code  
CANTON GA 30115-6465

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

06 / 22 / 2016

Transaction ID : SA11A.324646

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

## **B. DAVID AVRETT**

Mailing Address 2559 WALTON WAY

City State Zip Code  
AUGUSTA GA 30904-4561

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

06 / 13 / 2016

Transaction ID : SA11A.319649

Amount of Each Receipt this Period

150.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

## **C. ROBERT AYERS**

Mailing Address 6076 COUNTRY CLUB PL

City State Zip Code  
MERCED CA 95340-9127

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

RETIRED

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

06 / 16 / 2016

Transaction ID : SA11A.321038

Amount of Each Receipt this Period

1000.00

☐ Memo Item

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

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1250.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

## **A. LOREN BAGLEY**

Mailing Address 2543 CONAWAY RUN RD

City State Zip Code  
ALMA WV 26320-7232

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST EFFC

INFORMATION REQUESTED PER BEST EFF

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 23 / 2016

Transaction ID : SA11A.325845

Amount of Each Receipt this Period

500.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

## **B. VALENTINE BAGLEY**

Mailing Address 2115 3RD ST

City State Zip Code  
LINCOLN CA 95648-2703

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST

INFORMATION REQUESTED PER BEST EFF

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 22 / 2016

Transaction ID : SA11A.325179

Amount of Each Receipt this Period

200.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

## **C. NORMA JEAN BAKER**

Mailing Address P.O. BOX 19244

City State Zip Code  
SPOKANE WA 99219-9244

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST EFFC

INFORMATION REQUESTED PER BEST EFF

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 16 / 2016

Transaction ID : SA11A.321241

Amount of Each Receipt this Period

50.00

☐ Memo Item

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

750.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. MARY BALGOOYEN**

Mailing Address 105 MADERA CT

City  
LOS GATOSState  
CAZip Code  
95032-5712FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		08		2016

Transaction ID : SA11A.316598

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**B. CANDICE BARBATO**Mailing Address 1735 W STATE OF FRANKLIN RD  
STE 5City  
JOHNSON CITYState  
TNZip Code  
37604-6586FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

TLI

TRUCK DRIVER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		13		2016

Transaction ID : SA11A.319662

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**C. OSCAR BARBER**

Mailing Address 101 NORTH LAKE DR.

City  
HARTFIELDState  
VAZip Code  
23071-2089FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		27		2016

Transaction ID : SA11A.329023

Amount of Each Receipt this Period

500.00

☐ Memo Item

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶

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

700.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

## **A. MILDRED BARNETTE**

Mailing Address 202 SUMMERLAND CT

City  
 HAZEL GREEN

State Zip Code  
 AL 35750-7017

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST EFF

INFORMATION REQUESTED PER BEST EFF

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 13 / 2016

Transaction ID : SA11A.319196

Amount of Each Receipt this Period

50.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

## **B. CARL BARON**

Mailing Address 3505 INNISBROOK DR.

City  
 LAKELAND

State Zip Code  
 FL 33810-5738

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST

INFORMATION REQUESTED PER BEST EFF

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2016

Transaction ID : SA11A.332109

Amount of Each Receipt this Period

500.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

## **C. KAREN BAUM**

Mailing Address 130 LA FLORICITA

City  
 PISMO BEACH

State Zip Code  
 CA 93449-2847

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

RETIRED

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 16 / 2016

Transaction ID : SA11A.321496

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

650.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

## **A. KAREN BAUM**

Mailing Address 130 LA FLORICITA

City State Zip Code  
 PISMO BEACH CA 93449-2847

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

06 / 28 / 2016

Transaction ID : SA11A.329845

Amount of Each Receipt this Period

75.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

## **B. SALLY BAUMANN**

Mailing Address 13500 FINZEL RD

City State Zip Code  
 CARLETON MI 48117-9143

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED PER BEST  
EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFF

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 06 / 2016

Transaction ID : SA11A.315198

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

## **C. DAVID BAUMGARTNER**

Mailing Address 2812 CHARTER OAK DR.

City State Zip Code  
 PLANO TX 75074-2920

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED PER BEST EFFC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFF

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 28 / 2016

Transaction ID : SA11A.329638

Amount of Each Receipt this Period

500.00

☐ Memo Item

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

675.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. MILLER BEAL**

Mailing Address 415 RITCHEY ST

City  
**GAINESVILLE**

State  
**TX**

Zip Code  
**76240-4329**

FEC ID number of contributing  
 federal political committee.

**C**

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

**06** / **08** / **2016**

**Transaction ID : SA11A.316763**

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**B. JOSEPH BECHLER**

Mailing Address 4282 CARPINTERIA AVE  
 UNIT B

City  
**CARPINTERIA**

State  
**CA**

Zip Code  
**93013-3337**

FEC ID number of contributing  
 federal political committee.

**C**

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

**06** / **29** / **2016**

**Transaction ID : SA11A.330960**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**C. BENNY BEE**

Mailing Address 157 S PRAIRIESMOKE CIR

City  
**WHITEFISH**

State  
**MT**

Zip Code  
**59937-8182**

FEC ID number of contributing  
 federal political committee.

**C**

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

**06** / **16** / **2016**

**Transaction ID : SA11A.321288**

Amount of Each Receipt this Period

500.00

☐ Memo Item

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

1600.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 OF 2173

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

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

Mailing Address **95084 LARSON LN**

City **NORTH BEND** State **OR** Zip Code **97459-7579**

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

Name of Employer **INFORMATION REQUESTED PER BEST EFFORTS** Occupation **INFORMATION REQUESTED PER BEST EFFORTS**

Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼ **2000.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		07		2016

**Transaction ID : SA11A.315827**

Amount of Each Receipt this Period

2000.00
---------

☐ Memo Item

CONTRIBUTION

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

Mailing Address **1857 BUCKRAKE AVE**

City **BOZEMAN** State **MT** Zip Code **59718-6151**

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

Name of Employer **INFORMATION REQUESTED PER BEST EFFORTS** Occupation **INFORMATION REQUESTED PER BEST EFFORTS**

Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		07		2016

**Transaction ID : SA11A.316134**

Amount of Each Receipt this Period

250.00
--------

☐ Memo Item

CONTRIBUTION

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

Mailing Address **4708 APPALOOSA TRL**

City **MASON** State **OH** Zip Code **45040-9116**

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

Name of Employer **INFORMATION REQUESTED PER BEST EFFORTS** Occupation **INFORMATION REQUESTED PER BEST EFFORTS**

Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		21		2016

**Transaction ID : SA11A.324265**

Amount of Each Receipt this Period

100.00
--------

☐ Memo Item

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2350.00
---------

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**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 23 OF 2173

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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 NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. GORDON BELLIS**

Mailing Address 175 ALMENDRAL AVENUE

City

ATHERTON

State

CA

Zip Code

94027-4003

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF

Occupation

SELF

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

 M M / D D / Y Y Y Y Y Y  
 06 / 22 / 2016

Transaction ID : SA11A.333254

Amount of Each Receipt this Period

500.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**B. MICHELE BERANEK**

Mailing Address 891 TRAIL RIDGE RD

City

AIKEN

State

SC

Zip Code

29803-7734

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

 M M / D D / Y Y Y Y Y Y  
 06 / 10 / 2016

Transaction ID : SA11A.332939

Amount of Each Receipt this Period

250.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**C. ALEXANDER BERNHARD**

Mailing Address 6000 IMUS RD

City

CARSON CITY

State

NV

Zip Code

89706-0165

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED PER BEST EFF

Occupation

INFORMATION REQUESTED PER BEST EFF

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1075.00

Date of Receipt

 M M / D D / Y Y Y Y Y Y  
 06 / 17 / 2016

Transaction ID : SA11A.321860

Amount of Each Receipt this Period

75.00

☐ Memo Item

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

825.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 24 OF 2173

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DAVID O BERRYMAN**

Mailing Address 3710 6TH AVENUE

City  
TACOMA

State  
WA

Zip Code  
98406-4902

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GOLDMASTERS PRECIOUS METALS

Occupation

PRECIOUS METALS DEALER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 15 / 2016

Transaction ID : SA11A.333046

Amount of Each Receipt this Period

250.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**B. CHAR BETTS**

Mailing Address 17 ROSE LN

City

PINE HAVEN

State

WY

Zip Code

82721-9707

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED PER BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFF

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 14 / 2016

Transaction ID : SA11A.320022

Amount of Each Receipt this Period

1000.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**C. GORDON BIGGAR**

Mailing Address 6050 SW 116TH ST

City

MIAMI

State

FL

Zip Code

33156-4955

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED PER BEST EFF

Occupation

INFORMATION REQUESTED PER BEST EFF

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 29 / 2016

Transaction ID : SA11A.330766

Amount of Each Receipt this Period

5000.00

☐ Memo Item

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

6250.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 25 OF 2173

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. RICHARD BINETSCH**

Mailing Address 2495 CEDAR HILL DR.

City

RICHMOND

State

KY

Zip Code

40475-9153

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED PER BEST EFF

Occupation

INFORMATION REQUESTED PER BEST EFF

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 24 / 2016

Transaction ID : SA11A.327085

Amount of Each Receipt this Period

250.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**B. SANDRA BISSING**

Mailing Address 146 WEST RIDGE WAY

City

ROSWELL

State

GA

Zip Code

30076-6422

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED PER BEST

EFFORTS

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Occupation

INFORMATION REQUESTED PER BEST EFF

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 28 / 2016

Transaction ID : SA11A.329723

Amount of Each Receipt this Period

1000.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**C. ROBERT BITTER**

Mailing Address 1219 LAKE VIEW DR.

City

BUCKINGHAM

State

IA

Zip Code

50612-9782

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WINDOWS BY PELLA

Occupation

SALES

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID : SA11A.314567

Amount of Each Receipt this Period

500.00

☐ Memo Item

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

1750.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 26 OF 2173

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. MICHAEL BLACKSTONE**

Mailing Address 2358 RIVERSIDE AVE  
 APT 106

City State Zip Code  
 JACKSONVILLE FL 32204-4633

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST EFFC

INFORMATION REQUESTED PER BEST EFF

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 14 / 2016

Transaction ID : SA11A.320175

Amount of Each Receipt this Period

500.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**B. PAMELA BLACKLEY**

Mailing Address 14018 CLARENDON POINT CT

City State Zip Code  
 HUNTERSVILLE NC 28078-7449

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST

INFORMATION REQUESTED PER BEST EFF

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 07 / 2016

Transaction ID : SA11A.316013

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**C. PAMELA BLACKLEY**

Mailing Address 14018 CLARENDON POINT CT

City State Zip Code  
 HUNTERSVILLE NC 28078-7449

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST EFFC

INFORMATION REQUESTED PER BEST EFF

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 20 / 2016

Transaction ID : SA11A.323279

Amount of Each Receipt this Period

75.00

☐ Memo Item

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

675.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 27 OF 2173

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

**A. TERRY BLANKENSHIP**

Full Name (Last, First, Middle Initial)  
Mailing Address 135 FIELDS RD

City EAST BERNSTADT State KY Zip Code 40729-6712

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

Name of Employer Occupation  
INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF

Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 03 / 2016

Transaction ID : SA11A.313971

Amount of Each Receipt this Period

1000.00

☐ Memo Item

CONTRIBUTION

**B. VANESSA BLANKENSHIP**

Full Name (Last, First, Middle Initial)  
Mailing Address 135 FIELDS RD

City EAST BERNSTADT State KY Zip Code 40729-6712

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

Name of Employer Occupation  
INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF

Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 03 / 2016

Transaction ID : SA11A.313976

Amount of Each Receipt this Period

1000.00

☐ Memo Item

CONTRIBUTION

**C. GENE BLONDER**

Full Name (Last, First, Middle Initial)  
Mailing Address 284 C EAST LAKE MEADE PKWY  
UNIT 221

City HENDERSON State NV Zip Code 89015-5511

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

Name of Employer Occupation  
INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF

Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 30 / 2016

Transaction ID : SA11A.331878

Amount of Each Receipt this Period

250.00

☐ Memo Item

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2250.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 28 OF 2173

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. M BLUMENTHAL**

Mailing Address 4308 WEST CAYUGA ST

City State Zip Code  
TAMPA FL 33614-6951

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 10 / 2016

Transaction ID : SA11A.317395

Amount of Each Receipt this Period

500.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**B. DEAN BOE**

Mailing Address 11887 KESSEL RD.

City State Zip Code  
NISLAND SD 57762-7623

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

RETIRED

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 24 / 2016

Transaction ID : SA11A.333364

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**C. DEAN BOE**

Mailing Address 11887 KESSEL RD.

City State Zip Code  
NISLAND SD 57762-7623

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

RETIRED

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 24 / 2016

Transaction ID : SA11A.333367

Amount of Each Receipt this Period

250.00

☐ Memo Item

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶

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

850.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 29 OF 2173

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. WALTER BOGAN**

Mailing Address 29549 GREENWELL SPRINGS RD

City State Zip Code  
GREENWELL SPRINGS LA 70739-6323

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 21 / 2016

Transaction ID : SA11A.324030

Amount of Each Receipt this Period

250.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**B. ALBERT BOGETTI**

Mailing Address 855 S MCCracken RD

City State Zip Code  
VERNALIS CA 95385-9602

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 29 / 2016

Transaction ID : SA11A.330638

Amount of Each Receipt this Period

1000.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**C. CHRIS BOND**

Mailing Address P.O. BOX 1324

City State Zip Code  
DOVER AR 72837-1324

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 14 / 2016

Transaction ID : SA11A.319937

Amount of Each Receipt this Period

250.00

☐ Memo Item

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1500.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 30 OF 2173

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. MAXINE BOOTH**

Mailing Address 4260 N HAVEN

City  
 SPRINGFIELD

State Zip Code  
 MO 65803-9556

FEC ID number of contributing  
 federal political committee.

C

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST EFFC

INFORMATION REQUESTED PER BEST EFF

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 23 / 2016

Transaction ID : SA11A.326128

Amount of Each Receipt this Period

300.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**B. ADA BOSCO**

Mailing Address 10395 STONEBRIDGE BLVD

City  
 BOCA RATON

State Zip Code  
 FL 33498-6406

FEC ID number of contributing  
 federal political committee.

C

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST

INFORMATION REQUESTED PER BEST EFF

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 13 / 2016

Transaction ID : SA11A.319650

Amount of Each Receipt this Period

200.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**C. GEORGE BOVENIZER**

Mailing Address 206 ECHO DR.

City  
 JUPITER

State Zip Code  
 FL 33458-7741

FEC ID number of contributing  
 federal political committee.

C

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST EFFC

INFORMATION REQUESTED PER BEST EFF

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 29 / 2016

Transaction ID : SA11A.331106

Amount of Each Receipt this Period

500.00

☐ Memo Item

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1000.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)  
**A. NEAL & MARIE BOWDEN**

Mailing Address 109 RAINBOW DR. # 917

City State Zip Code  
 LIVINGSTON TX 77399-1009

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 RETIRED REGISTERED NURSES

Occupation  
 RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 25 / 2016

Transaction ID : SA11A.333374

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

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

Mailing Address 3466 E HIGHTOWER TRL

City State Zip Code  
 CONYERS GA 30012-1935

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 INFORMATION REQUESTED PER BEST  
 EFFORTS

Occupation  
 INFORMATION REQUESTED PER BEST EFF

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

975.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 20 / 2016

Transaction ID : SA11A.323323

Amount of Each Receipt this Period

975.00

☐ Memo Item

CONTRIBUTION

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

Mailing Address 10215 HAZELHURST DR.

City State Zip Code  
 HOUSTON TX 77043-3328

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 INFORMATION REQUESTED PER BEST EFF

Occupation  
 INFORMATION REQUESTED PER BEST EFF

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 07 / 2016

Transaction ID : SA11A.315950

Amount of Each Receipt this Period

75.00

☐ Memo Item

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

1150.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. MARY BOWERSOX**

Mailing Address 10215 HAZELHURST DR.

City  
HOUSTONState  
TXZip Code  
77043-3328FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
06			21			2016			

Transaction ID : SA11A.324221

Amount of Each Receipt this Period

75.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**B. CECILIA BRAZIL**

Mailing Address P.O. BOX 625

City

FOREST RANCH

State

CA

Zip Code

95942-0625

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
06			14			2016			

Transaction ID : SA11A.320190

Amount of Each Receipt this Period

300.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**C. JOHN BRENNER**Mailing Address 5001 CHICAGO AVE  
APT 421

City

LUBBOCK

State

TX

Zip Code

79414-1740

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
06			20			2016			

Transaction ID : SA11A.322959

Amount of Each Receipt this Period

250.00

☐ Memo Item

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

625.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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

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(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

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

Mailing Address **2846 N 88TH PL**

City **MESA** State **AZ** Zip Code **85207-1462**

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

Name of Employer **INFORMATION REQUESTED PER BEST EFFORTS** Occupation **INFORMATION REQUESTED PER BEST EFFORTS**

Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
**375.00**

Date of Receipt

**06 / 28 / 2016**

**Transaction ID : SA11A.330168**

Amount of Each Receipt this Period

**300.00**

☐ Memo Item

CONTRIBUTION

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

Mailing Address **9913 LAKE SHORE BLVD**

City **CLEVELAND** State **OH** Zip Code **44108-1052**

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

Name of Employer **INFORMATION REQUESTED PER BEST EFFORTS** Occupation **INFORMATION REQUESTED PER BEST EFFORTS**

Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
**425.00**

Date of Receipt

**06 / 08 / 2016**

**Transaction ID : SA11A.316880**

Amount of Each Receipt this Period

**200.00**

☐ Memo Item

CONTRIBUTION

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

Mailing Address **1024 BROOK RD**  
**UNIT 10**

City **STOWE** State **VT** Zip Code **05672-4048**

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

Name of Employer **INFORMATION REQUESTED PER BEST EFFORTS** Occupation **INFORMATION REQUESTED PER BEST EFFORTS**

Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
**250.00**

Date of Receipt

**06 / 30 / 2016**

**Transaction ID : SA11A.331859**

Amount of Each Receipt this Period

**250.00**

☐ Memo Item

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶

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

**750.00**

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

PAGE 34 OF 2173

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

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

Mailing Address 174 WATERCOLOR WAY  
 STE 103

City State Zip Code  
 SANTA ROSA BEACH FL 32459-7351

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

Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF

Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
 300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 15 / 2016

Transaction ID : SA11A.320570

Amount of Each Receipt this Period

300.00

☐ Memo Item  
 CONTRIBUTION

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

Mailing Address 908 PLAZA ENCANTO

City State Zip Code  
 SIERRA VISTA AZ 85635-4447

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

Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF

Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
 300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 08 / 2016

Transaction ID : SA11A.316796

Amount of Each Receipt this Period

50.00

☐ Memo Item  
 CONTRIBUTION

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

Mailing Address 908 PLAZA ENCANTO

City State Zip Code  
 SIERRA VISTA AZ 85635-4447

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

Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF

Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
 300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 09 / 2016

Transaction ID : SA11A.318370

Amount of Each Receipt this Period

100.00

☐ Memo Item  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

450.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 35 OF 2173

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. JAMES BROWN**

Mailing Address 3434 KENTUCKY PL

City	State	Zip Code
BARTLESVILLE	OK	74006-2339

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	24	/	2016

Transaction ID : SA11A.327560

Amount of Each Receipt this Period

250.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**B. MARC-HENRY BRUNEAU**

Mailing Address 201 LAKE SHORE ROAD

City	State	Zip Code
GRAFTON	WI	53024-9549

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

RETIRED

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	22	/	2016

Transaction ID : SA11A.333219

Amount of Each Receipt this Period

250.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**C. SAMUEL BRUNELLI**

Mailing Address 404 S CENTER ST

City	State	Zip Code
SHENANDOAH	IA	51601-1865

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

SELF

SELF EMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	02	/	2016

Transaction ID : SA11A.313472

Amount of Each Receipt this Period

1000.00

☐ Memo Item

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1500.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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)  
**GREAT AMERICA PAC**

**A. JEFFERY BRUNTON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 130 TAHOE DR.  
 City AIKEN State SC Zip Code 29803-5130  
 FEC ID number of contributing federal political committee. C  
 Name of Employer OWENS CORNING Occupation MULTI CRAFT TECH  
 Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt

06 / 21 / 2016

Transaction ID : SA11A.333186

Amount of Each Receipt this Period

250.00

☐ Memo Item

CONTRIBUTION

**B. STEVEN BUCHER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 38 SAPPHIRE PT  
 City MORTON State IL Zip Code 61550-3608  
 FEC ID number of contributing federal political committee. C  
 Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Occupation INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt

06 / 09 / 2016

Transaction ID : SA11A.318336

Amount of Each Receipt this Period

250.00

☐ Memo Item

CONTRIBUTION

**C. JANELL BUERMANN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. BOX 69  
 City BURNS State OR Zip Code 97720-0069  
 FEC ID number of contributing federal political committee. C  
 Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Occupation INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt

06 / 27 / 2016

Transaction ID : SA11A.329022

Amount of Each Receipt this Period

200.00

☐ Memo Item

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

700.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. JAY BURFORD**

Mailing Address 724 FRANK BURFORD RD

City	State	Zip Code
KEATCHIE	LA	71046-3004

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST EFFC

INFORMATION REQUESTED PER BEST EFF

Receipt For:

☐ Primary    ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	02	/	2016

Transaction ID : SA11A.313572

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**B. JAY BURFORD**

Mailing Address 724 FRANK BURFORD RD

City	State	Zip Code
KEATCHIE	LA	71046-3004

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST

INFORMATION REQUESTED PER BEST EFF

EFFORTS  
Receipt For:
☐ Primary    ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2016

Transaction ID : SA11A.332264

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**C. PAUL BURKE**

Mailing Address 11920 WELTERS WAY

City	State	Zip Code
EDEN PRAIRIE	MN	55347-2860

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST EFFC

INFORMATION REQUESTED PER BEST EFF

Receipt For:

☐ Primary    ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	13	/	2016

Transaction ID : SA11A.319287

Amount of Each Receipt this Period

200.00

☐ Memo Item

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

400.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. PAUL BURMOOD**

Mailing Address 52631 890 RD

City  
 NIOBRARA

State Zip Code  
 NE 68760-7004

FEC ID number of contributing  
 federal political committee.

C

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 20 / 2016

Transaction ID : SA11A.322960

Amount of Each Receipt this Period

250.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**B. KELLY BURROWS**

Mailing Address P.O. BOX 3165

City  
 ALPINE

State Zip Code  
 WY 83128-0165

FEC ID number of contributing  
 federal political committee.

C

Name of Employer

Occupation

SELF

RANCHING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 02 / 2016

Transaction ID : SA11A.313576

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**C. KELLY BURROWS**

Mailing Address P.O. BOX 3165

City  
 ALPINE

State Zip Code  
 WY 83128-0165

FEC ID number of contributing  
 federal political committee.

C

Name of Employer

Occupation

SELF

RANCHING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 27 / 2016

Transaction ID : SA11A.328691

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

450.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

**A. WILLIAM BURWELL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5345 ADDISON DR. S  
 City SALEM State OR Zip Code 97302-9436  
 FEC ID number of contributing federal political committee. C  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1000.00

Date of Receipt

06 / 22 / 2016

Transaction ID : SA11A.325048

Amount of Each Receipt this Period

1000.00

☐ Memo Item

CONTRIBUTION

**B. DAVID BUTLER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 105 LONG LEAF PL  
 City MADISON State MS Zip Code 39110-6956  
 FEC ID number of contributing federal political committee. C  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt

06 / 16 / 2016

Transaction ID : SA11A.321306

Amount of Each Receipt this Period

500.00

☐ Memo Item

CONTRIBUTION

**C. LORI BUTTERFIELD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 61901 PRAIRIE CREEK RD  
 City JOSEPH State OR Zip Code 97846-8185  
 FEC ID number of contributing federal political committee. C  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt

06 / 07 / 2016

Transaction ID : SA11A.315858

Amount of Each Receipt this Period

250.00

☐ Memo Item

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

1750.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

**A. DANIELLE BUTTIGIEG**

Full Name (Last, First, Middle Initial)  
 Mailing Address 2050 VENTNOR O

City State Zip Code  
 DEERFIELD BEACH FL 33442-2475

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

Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF

Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
 1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 15 / 2016

Transaction ID : SA11A.320663

Amount of Each Receipt this Period

1000.00

☐ Memo Item

CONTRIBUTION

**B. YVONNE BYLER**

Full Name (Last, First, Middle Initial)  
 Mailing Address 3602 LA COSTA RD

City State Zip Code  
 MISSOURI CITY TX 77459-2407

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

Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF

Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
 1750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 08 / 2016

Transaction ID : SA11A.316774

Amount of Each Receipt this Period

750.00

☐ Memo Item

CONTRIBUTION

**C. YVONNE BYLER**

Full Name (Last, First, Middle Initial)  
 Mailing Address 3602 LA COSTA RD

City State Zip Code  
 MISSOURI CITY TX 77459-2407

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

Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF

Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
 1750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 27 / 2016

Transaction ID : SA11A.328708

Amount of Each Receipt this Period

500.00

☐ Memo Item

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

2250.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. PAUL BYRNE**

Mailing Address 3811 SEASCAPE DR.

City State Zip Code  
 HUNTINGTON BEACH CA 92649-2523

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 28 / 2016

Transaction ID : SA11A.329751

Amount of Each Receipt this Period

500.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**B. CHARLES CALE**

Mailing Address 449 N. ROCKINGHAM AVENUE

City State Zip Code  
 LOS ANGELES CA 90049-2637

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

SELF

MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 22 / 2016

Transaction ID : SA11A.333244

Amount of Each Receipt this Period

1000.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**C. SUSAN CALHOUN**

Mailing Address 2917 RAMBLING WAY

City State Zip Code  
 BLOOMFIELD HILLS MI 48302-1048

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

DIXIE GROUP

SALES MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 16 / 2016

Transaction ID : SA11A.321417

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶

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

1600.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. LEONORA CALLAHAN**

Mailing Address 625 ISLAND DR.

City

PALM BEACH

State

FL

Zip Code

33480-4744

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 09 / 2016

Transaction ID : SA11A.318003

Amount of Each Receipt this Period

50.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**B. JAYNE CAMPANINI**

Mailing Address 8513 BEECH LN

City

MCKINNEY

State

TX

Zip Code

75070-6722

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED PER BEST  
EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFF

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID : SA11A.315231

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**C. CALVIN CANEDY**Mailing Address 1891 N GAFFEY ST  
STE 240

City

SAN PEDRO

State

CA

Zip Code

90731-1270

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED PER BEST EFF

Occupation

INFORMATION REQUESTED PER BEST EFF

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 23 / 2016

Transaction ID : SA11A.325561

Amount of Each Receipt this Period

250.00

☐ Memo Item

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

400.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

## **A. JOSEPH CANNAVA**

Mailing Address 12322 E DOUBLETREE RANCH RD

City State Zip Code  
 SCOTTSDALE AZ 85259-6001

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST EFFC

INFORMATION REQUESTED PER BEST EFF

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 24 / 2016

Transaction ID : SA11A.327472

Amount of Each Receipt this Period

500.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

## **B. LOUISE CANNON**

Mailing Address P.O. BOX 626

City State Zip Code  
 RIVERSIDE TX 77367-0626

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST

INFORMATION REQUESTED PER BEST EFF

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

06 / 24 / 2016

Transaction ID : SA11A.327926

Amount of Each Receipt this Period

75.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

## **C. MARBIN CARDON**

Mailing Address 100 LYNN RD

City State Zip Code  
 RALEIGH NC 27609-2835

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST EFFC

INFORMATION REQUESTED PER BEST EFF

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 17 / 2016

Transaction ID : SA11A.321924

Amount of Each Receipt this Period

500.00

☐ Memo Item

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

1075.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

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

Mailing Address **8175 ARVILLE ST. SPC. XXX**

City State Zip Code  
**LAS VEGAS NV 89139-7111**

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

Name of Employer Occupation  
**INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF**

Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
**2500.00**

Date of Receipt

**06 / 14 / 2016**

**Transaction ID : SA11A.319822**

Amount of Each Receipt this Period

**2500.00**

☐ Memo Item

CONTRIBUTION

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

Mailing Address **9540 COZYCROFT AVE**

City State Zip Code  
**CHATSWORTH CA 91311-5101**

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

Name of Employer Occupation  
**LIFETECH RESOURCES BUSINESS OWNER**

Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
**1085.00**

Date of Receipt

**06 / 07 / 2016**

**Transaction ID : SA11A.316024**

Amount of Each Receipt this Period

**35.00**

☐ Memo Item

CONTRIBUTION

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

Mailing Address **P.O. BOX 602**

City State Zip Code  
**MOUNT DESERT ME 04660-0602**

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

Name of Employer Occupation  
**INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF**

Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
**250.00**

Date of Receipt

**06 / 16 / 2016**

**Transaction ID : SA11A.321603**

Amount of Each Receipt this Period

**100.00**

☐ Memo Item

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

**2635.00**

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

## **A. EDWARD CARNES**

Mailing Address 3905 FOREST POINTE WAY

City State Zip Code  
 ARLINGTON TN 38002-9894

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 27 / 2016

Transaction ID : SA11A.328459

Amount of Each Receipt this Period

250.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

## **B. EDSON CARREL**

Mailing Address P.O. BOX 446

City State Zip Code  
 LAPEL IN 46051-0446

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED PER BEST  
EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFF

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

06 / 23 / 2016

Transaction ID : SA11A.325652

Amount of Each Receipt this Period

1000.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

## **C. DAVE CATHEY**

Mailing Address 3054 N MERLOT PL

City State Zip Code  
 STAR ID 83669-5447

FEC ID number of contributing  
federal political committee.

C

Name of Employer

DAVE CATHEY ASSOCIATES

Occupation

OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 16 / 2016

Transaction ID : SA11A.333062

Amount of Each Receipt this Period

250.00

☐ Memo Item

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

1500.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

## **A. MADELYNE CATSAVIS**

Mailing Address 5310 YANTIS ST

City  
FORT SMITH

State Zip Code  
AR 72903-4705

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

06 / 29 / 2016

Transaction ID : SA11A.331089

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

## **B. GAETANO CECCHINI**

Mailing Address P.O. BOX 80748

City  
CANTON

State Zip Code  
OH 44708-0748

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

06 / 23 / 2016

Transaction ID : SA11A.325595

Amount of Each Receipt this Period

1500.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

## **C. LORI CENTENO ALVERAZ**

Mailing Address 436 N 3800 E

City  
RIGBY

State Zip Code  
ID 83442-5136

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

06 / 14 / 2016

Transaction ID : SA11A.320326

Amount of Each Receipt this Period

300.00

☐ Memo Item

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

1900.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial) <b>A. MRS. BEULAH CHACONE</b>	
Mailing Address P.O. BOX 787	
City BISHOP	State CA Zip Code 93515-0787
FEC ID number of contributing federal political committee. C	
Name of Employer INFORMATION REQUESTED PER BEST EFFORTS	Occupation INFORMATION REQUESTED PER BEST EFFORTS
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 08 / 2016

Transaction ID : SA11A.317157

Amount of Each Receipt this Period

1500.00
---------

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial) <b>B. MARY CHAPMAN</b>	
Mailing Address 651 RAVENSWORTH DR.	
City CONROE	State TX Zip Code 77302-3737
FEC ID number of contributing federal political committee. C	
Name of Employer INFORMATION REQUESTED PER BEST EFFORTS	Occupation INFORMATION REQUESTED PER BEST EFFORTS
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 17 / 2016

Transaction ID : SA11A.322342

Amount of Each Receipt this Period

200.00
--------

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial) <b>C. DAVID CHERRYHOLMES</b>	
Mailing Address 514 COUNTY ROAD 2730	
City DECATUR	State TX Zip Code 76234-7518
FEC ID number of contributing federal political committee. C	
Name of Employer INFORMATION REQUESTED PER BEST EFFORTS	Occupation INFORMATION REQUESTED PER BEST EFFORTS
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 14 / 2016

Transaction ID : SA11A.320454

Amount of Each Receipt this Period

1500.00
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☐ Memo Item

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶

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

3200.00
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# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. MARLENE JOHN CHOR**

Mailing Address 214 W 5TH ST

City

ANACONDA

State

MT

Zip Code

59711-2904

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST EFFC

INFORMATION REQUESTED PER BEST EFF

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 16 / 2016

Transaction ID : SA11A.321234

Amount of Each Receipt this Period

250.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**B. EDWARD CHRISTOPHER**

Mailing Address 185 RACHT RD

City

HONESDALE

State

PA

Zip Code

18431-2359

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST

INFORMATION REQUESTED PER BEST EFF

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 23 / 2016

Transaction ID : SA11A.325557

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**C. JUNE CHRISTOFFERSON**

Mailing Address P.O. BOX 527

City

MERRILL

State

OR

Zip Code

97633-0527

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST EFFC

INFORMATION REQUESTED PER BEST EFF

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 15 / 2016

Transaction ID : SA11A.320665

Amount of Each Receipt this Period

50.00

☐ Memo Item

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

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400.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

## **A. ROBERT CLARK**

Mailing Address 2312 N WILLOW ST

City  
 LA GRANDE

State Zip Code  
 OR 97850-3751

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

06 / 24 / 2016

Transaction ID : SA11A.326813

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

## **B. ROBERT CLARK**

Mailing Address 2312 N WILLOW ST

City  
 LA GRANDE

State Zip Code  
 OR 97850-3751

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

06 / 27 / 2016

Transaction ID : SA11A.328463

Amount of Each Receipt this Period

900.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

## **C. BARBARA CLAY**

Mailing Address 12395 FOSTERS LN

City  
 AMELIA COURT HOUSE

State Zip Code  
 VA 23002-5513

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED PER BEST EFF

Occupation

INFORMATION REQUESTED PER BEST EFF

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 15 / 2016

Transaction ID : SA11A.320833

Amount of Each Receipt this Period

50.00

☐ Memo Item

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

1050.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 50 OF 2173

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. BARBARA CLAY**

Mailing Address 12395 FOSTERS LN

City State Zip Code  
 AMELIA COURT HOUSE VA 23002-5513

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST EFFC

INFORMATION REQUESTED PER BEST EFF

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 27 / 2016

Transaction ID : SA11A.329013

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**B. PATRICK CLESEN**

Mailing Address 250 S WALNUT ST

City State Zip Code  
 SOUTH ELGIN IL 60177-1937

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST

INFORMATION REQUESTED PER BEST EFF

EFFORTS  
Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID : SA11A.315190

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**C. CARRELL CLINE**

Mailing Address P.O. BOX 250

City State Zip Code  
 NEW MATAMORAS OH 45767-0250

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST EFFC

INFORMATION REQUESTED PER BEST EFF

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2016

Transaction ID : SA11A.331965

Amount of Each Receipt this Period

500.00

☐ Memo Item

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

700.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

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

Mailing Address 3038 QUARTERS RD

City FAYETTEVILLE State GA Zip Code 37025-

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

Name of Employer Occupation  
INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFFC

Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	27	/	2016

Transaction ID : SA11A.329090

Amount of Each Receipt this Period

300.00

☐ Memo Item

CONTRIBUTION

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

Mailing Address 166 W OAKRIDGE PARK

City METAIRIE State LA Zip Code 70005-4021

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

Name of Employer Occupation  
US AIR FORCE GENERAL OFFICER (RET)

Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
1125.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	24	/	2016

Transaction ID : SA11A.327482

Amount of Each Receipt this Period

1000.00

☐ Memo Item

CONTRIBUTION

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

Mailing Address 11078 ROCKAWAY GLEN RD

City APPLE VALLEY State CA Zip Code 92308-3610

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

Name of Employer Occupation  
INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFFC

Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	30	/	2016

Transaction ID : SA11A.331901

Amount of Each Receipt this Period

300.00

☐ Memo Item

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1600.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 52 OF 2173

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DON COFFEY**

Mailing Address 5595 W 167TH ST

City  
STILWELLState  
KSZip Code  
66085-9233FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 15 / 2016

Transaction ID : SA11A.320572

Amount of Each Receipt this Period

500.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**B. RONNIE COLE**

Mailing Address 1303 ELLA ST

City

ANDERSON

State

SC

Zip Code

29621-4813

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 28 / 2016

Transaction ID : SA11A.329648

Amount of Each Receipt this Period

500.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**C. JOAN COLLINS**

Mailing Address P.O. BOX 1866

City

EUSTIS

State

FL

Zip Code

32727-1866

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 30 / 2016

Transaction ID : SA11A.331301

Amount of Each Receipt this Period

500.00

☐ Memo Item

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

1500.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 53 OF 2173

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

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

Mailing Address 725 W PASEO SANTA ISABEL

City GREEN VALLEY	State AZ	Zip Code 85622-8314
----------------------	-------------	------------------------

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

Name of Employer INFORMATION REQUESTED PER BEST EFFORTS	Occupation INFORMATION REQUESTED PER BEST EFFORTS
--	--

Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 16 / 2016

Transaction ID : SA11A.321581

Amount of Each Receipt this Period

1000.00

☐ Memo Item

CONTRIBUTION

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

Mailing Address 3150 S EL POMAR RD

City TEMPLETON	State CA	Zip Code 93465-8552
-------------------	-------------	------------------------

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

Name of Employer INFORMATION REQUESTED PER BEST EFFORTS	Occupation INFORMATION REQUESTED PER BEST EFFORTS
--	--

Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 23 / 2016

Transaction ID : SA11A.326047

Amount of Each Receipt this Period

1000.00

☐ Memo Item

CONTRIBUTION

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

Mailing Address 783 AIRPORT RD

City EASTMAN	State GA	Zip Code 31023-3916
-----------------	-------------	------------------------

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

Name of Employer INFORMATION REQUESTED PER BEST EFFORTS	Occupation INFORMATION REQUESTED PER BEST EFFORTS
--	--

Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt

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

Transaction ID : SA11A.315187

Amount of Each Receipt this Period

200.00

☐ Memo Item

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶

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

2200.00

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 54 OF 2173

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DAN CONNER**

Mailing Address P.O. BOX 2359

City

PASO ROBLES

State

CA

Zip Code

93447-2359

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST EFFC

INFORMATION REQUESTED PER BEST EFF

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 16 / 2016

Transaction ID : SA11A.321378

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**B. JEFFERY CONNOLLE**

Mailing Address 470 W BOUTZ RD

City

LAS CRUCES

State

NM

Zip Code

88005-3190

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST

INFORMATION REQUESTED PER BEST EFF

EFFORTS  
Receipt For:
☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 22 / 2016

Transaction ID : SA11A.324735

Amount of Each Receipt this Period

500.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**C. MARGE COOK**

Mailing Address 221 FOXFIRE LN

City

JOPLIN

State

MO

Zip Code

64801-1586

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST EFFC

INFORMATION REQUESTED PER BEST EFF

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 23 / 2016

Transaction ID : SA11A.325650

Amount of Each Receipt this Period

75.00

☐ Memo Item

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

675.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 55 OF 2173

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. JANE CORMIER**

Mailing Address 6508 MT. SHASTA DR.

City	State	Zip Code
BAKERSFIELD	CA	93309-2443

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
THREE-WAY CHEVROLETOccupation  
OWNER CAR DEALERSHIP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	18	/	2016

Transaction ID : SA11A.333082

Amount of Each Receipt this Period

250.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**B. PAUL CORRICK**

Mailing Address P.O. BOX 722

City	State	Zip Code
MEEKER	OK	74855-0722

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER BEST  
EFFORTSOccupation  
INFORMATION REQUESTED PER BEST EFF

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	02	/	2016

Transaction ID : SA11A.313581

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**C. PAUL CORRICK**

Mailing Address P.O. BOX 722

City	State	Zip Code
MEEKER	OK	74855-0722

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER BEST EFFOccupation  
INFORMATION REQUESTED PER BEST EFF

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	09	/	2016

Transaction ID : SA11A.318374

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

450.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

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

Mailing Address 573 COUNTY ROAD 402

City State Zip Code  
 DAYTON TX 77535-7302

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

Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF

Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
 400.00

Date of Receipt

**06 / 20 / 2016**

**Transaction ID : SA11A.323338**

Amount of Each Receipt this Period

200.00

☐ Memo Item  
 CONTRIBUTION

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

Mailing Address 7926 BLUE JAY DR. NE

City State Zip Code  
 MOSES LAKE WA 98837-9652

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

Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF

Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
 360.00

Date of Receipt

**06 / 23 / 2016**

**Transaction ID : SA11A.326193**

Amount of Each Receipt this Period

250.00

☐ Memo Item  
 CONTRIBUTION

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

Mailing Address 2761 SW ELMER NELSON LN

City State Zip Code  
 GRANTS PASS OR 97527-6434

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

Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF

Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
 400.00

Date of Receipt

**06 / 24 / 2016**

**Transaction ID : SA11A.327647**

Amount of Each Receipt this Period

400.00

☐ Memo Item  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶

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

850.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 57 OF 2173

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. ROBERT COWEN**

Mailing Address 2756 INDIAN SPRINGS RD

City	State	Zip Code
MARIANNA	FL	32446-6889

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		20		2016

Transaction ID : SA11A.323518

Amount of Each Receipt this Period

75.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**B. ROBERT COWEN**

Mailing Address 2756 INDIAN SPRINGS RD

City	State	Zip Code
MARIANNA	FL	32446-6889

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		29		2016

Transaction ID : SA11A.330729

Amount of Each Receipt this Period

75.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**C. PATRICIA COX**

Mailing Address P.O. BOX 1491

City	State	Zip Code
HAWTHORNE	FL	32640-1491

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED PER BEST EFF

Occupation

INFORMATION REQUESTED PER BEST EFF

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		22		2016

Transaction ID : SA11A.325313

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

250.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 58 OF 2173

(check only one)

☒ 11a    ☐ 11b    ☐ 11c    ☐ 12  
☐ 13    ☐ 14    ☐ 15    ☐ 16    ☐ 17

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)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. EARLENE COYNER**

Mailing Address 3227 S MILITARY HWY

City State Zip Code  
CHESAPEAKE VA 23323-4409
FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary    ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 23 / 2016

Transaction ID : SA11A.326291

Amount of Each Receipt this Period

250.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**B. WILMA CRAFT**

Mailing Address 129 FRANKLIN DR.

City State Zip Code  
VOORHEES NJ 08043-2117
FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary    ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 20 / 2016

Transaction ID : SA11A.323591

Amount of Each Receipt this Period

50.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**C. LUCIEN CROSLAND**

Mailing Address 8411 PRESTON ROAD

City State Zip Code  
DALLAS TX 75225-5523
FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

CROSLAND INVESTMENT PROPERTIES

REAL ESTATE COMMERCIAL DEVELOPMEN

Receipt For:

☐ Primary    ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 22 / 2016

Transaction ID : SA11A.333209

Amount of Each Receipt this Period

1000.00

☐ Memo Item

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1300.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. PAUL CUTICCHIA**

Mailing Address 6600 SUNSET WAY  
 APT 519

City State Zip Code  
 SAINT PETE BEACH FL 33706-2173

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST EFFC

INFORMATION REQUESTED PER BEST EFF

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 22 / 2016

Transaction ID : SA11A.325346

Amount of Each Receipt this Period

500.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**B. STAN CZYZEWSKI**

Mailing Address 28700 SHERWOOD RD

City State Zip Code  
 WILLITS CA 95490-8860

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

RETIRED

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 27 / 2016

Transaction ID : SA11A.328462

Amount of Each Receipt this Period

500.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**C. LURA DAVIES**

Mailing Address 10356 LAURENS DR. NE

City State Zip Code  
 BOLIVAR OH 44612-8863

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST EFFC

INFORMATION REQUESTED PER BEST EFF

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

06 / 13 / 2016

Transaction ID : SA11A.319551

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

1100.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 60 OF 2173

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. ALBERT DAVIS**

Mailing Address 1737 OLD BONIFAY RD

City  
CHIPLEYState  
FLZip Code  
32428-4139FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST EFF

INFORMATION REQUESTED PER BEST EFF

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	30	/	2016

Transaction ID : SA11A.331523

Amount of Each Receipt this Period

250.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**B. MARY DAY**

Mailing Address 392 MULLICAN RD

City  
FLORENCEState  
MSZip Code  
39073-9388FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST  
EFFORTS

INFORMATION REQUESTED PER BEST EFF

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	07	/	2016

Transaction ID : SA11A.315923

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**C. VIRGINIA H. DEANE**

Mailing Address 490 HIDDEN VALLEY RD.

City  
SANDPOINTState  
IDZip Code  
83864-7504FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

NOT LISTED

NOT LISTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	20	/	2016

Transaction ID : SA11A.322710

Amount of Each Receipt this Period

600.00

☐ Memo Item

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

950.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

**A. KEITH DECOSTER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1034 EMROLD BAY DR.  
 City SOUTH LAKE TAHOE State CA Zip Code 96150-  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt

**06 / 08 / 2016**

**Transaction ID : SA11A.316558**

Amount of Each Receipt this Period

250.00

☐ Memo Item

CONTRIBUTION

**B. GORDON DELIMA**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1051 CANOGA PEAK AVE  
 City LAS VEGAS State NV Zip Code 89183-7326  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 210.00

Date of Receipt

**06 / 13 / 2016**

**Transaction ID : SA11A.318881**

Amount of Each Receipt this Period

35.00

☐ Memo Item

CONTRIBUTION

**C. GORDON DELIMA**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1051 CANOGA PEAK AVE  
 City LAS VEGAS State NV Zip Code 89183-7326  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 210.00

Date of Receipt

**06 / 17 / 2016**

**Transaction ID : SA11A.321882**

Amount of Each Receipt this Period

50.00

☐ Memo Item

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

335.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 62 OF 2173

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**Full Name (Last, First, Middle Initial)  
**A. GORDON DELIMA**

Mailing Address 1051 CANOGA PEAK AVE

City	State	Zip Code
LAS VEGAS	NV	89183-7326

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	21	/	2016

Transaction ID : SA11A.324269

Amount of Each Receipt this Period

50.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MYRA DEMARCO**Mailing Address 2123 SOUTH BRIDGE CT  
2123 SOUTHBRIDGE CT

City	State	Zip Code
BIRMINGHAM	AL	35244-1568

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED PER BEST  
EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFF

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	30	/	2016

Transaction ID : SA11A.331969

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

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

Mailing Address 5345 ADDISON DR. S

City	State	Zip Code
SALEM	OR	97302-9436

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED PER BEST EFF

Occupation

INFORMATION REQUESTED PER BEST EFF

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	22	/	2016

Transaction ID : SA11A.324837

Amount of Each Receipt this Period

1000.00

☐ Memo Item

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1150.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 63 OF 2173

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. FARRIS DENNIS**

Mailing Address P.O. BOX 67

City  
 BLANCHARD

State Zip Code  
 OK 73010-0067

FEC ID number of contributing  
 federal political committee.

C

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST EFFC

INFORMATION REQUESTED PER BEST EFF

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 06 / 16 / 2016

Transaction ID : SA11A.321297

Amount of Each Receipt this Period

500.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**B. KENNETH DENNIS**

Mailing Address 77 MONTEREY PINE DR.

City  
 NEWPORT COAST

State Zip Code  
 CA 92657-1553

FEC ID number of contributing  
 federal political committee.

C

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST

INFORMATION REQUESTED PER BEST EFF

EFFORTS  
Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 06 / 27 / 2016

Transaction ID : SA11A.329230

Amount of Each Receipt this Period

500.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**C. VIRGINIA DENNIS**

Mailing Address P.O. BOX 609

City  
 CEDARVILLE

State Zip Code  
 MI 49719-0609

FEC ID number of contributing  
 federal political committee.

C

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST EFFC

INFORMATION REQUESTED PER BEST EFF

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 06 / 16 / 2016

Transaction ID : SA11A.321287

Amount of Each Receipt this Period

250.00

☐ Memo Item

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1250.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 64 OF 2173

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. ROBERT DENNY**

Mailing Address P.O. BOX 2378

City	State	Zip Code
OCALA	FL	34478-2378

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST EFF

INFORMATION REQUESTED PER BEST EFF

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	29	/	2016

Transaction ID : SA11A.330373

Amount of Each Receipt this Period

500.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**B. ULDNA DENTON**

Mailing Address 1312 VEAL RD

City	State	Zip Code
SANDERSVILLE	GA	31082-5415

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST

INFORMATION REQUESTED PER BEST EFF

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	23	/	2016

Transaction ID : SA11A.326524

Amount of Each Receipt this Period

200.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**C. MARY LOU DESCHAMPS**

Mailing Address 3191 US HIGHWAY 22

City	State	Zip Code
BRANCHBURG	NJ	08876-3429

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST EFF

INFORMATION REQUESTED PER BEST EFF

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	23	/	2016

Transaction ID : SA11A.325785

Amount of Each Receipt this Period

2500.00

☐ Memo Item

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

3200.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. RICHARD DESICH**

Mailing Address P.O. BOX 548

City  
ELYRIAState  
OHZip Code  
44036-0548FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	29	/	2016

Transaction ID : SA11A.330631

Amount of Each Receipt this Period

500.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**B. JANET DEVITO**

Mailing Address 31 MARTHAS DR.

City

FREEHOLD

State

NJ

Zip Code

07728-8224

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	27	/	2016

Transaction ID : SA11A.328765

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**C. KATHIE DICKEY**

Mailing Address 116 HAWTHORN LN

City

DANIELS

State

WV

Zip Code

25832-9269

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	24	/	2016

Transaction ID : SA11A.326846

Amount of Each Receipt this Period

200.00

☐ Memo Item

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶

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

800.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 66 OF 2173

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

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

Mailing Address 1248 SPANIARD POINT RD

City State Zip Code  
 HIAWASSEE GA 30546-5065

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

Name of Employer Occupation  
 SELF PART TIME AIRCRAFT ENGINEER - RETIREE

Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
 400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 08 / 2016

Transaction ID : SA11A.316571

Amount of Each Receipt this Period

200.00

☐ Memo Item

CONTRIBUTION

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

Mailing Address 2005 DICKSON DR.

City State Zip Code  
 SHREVEPORT LA 71115-2139

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

Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFF

Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
 500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 22 / 2016

Transaction ID : SA11A.324610

Amount of Each Receipt this Period

500.00

☐ Memo Item

CONTRIBUTION

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

Mailing Address 5150 N 16TH ST  
 STE A116

City State Zip Code  
 PHOENIX AZ 85016-3925

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

Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFF

Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
 550.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 24 / 2016

Transaction ID : SA11A.326865

Amount of Each Receipt this Period

500.00

☐ Memo Item

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶

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

1200.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. LINDA DIPANE**

Mailing Address 21031 VENTURA BLVD

City	State	Zip Code
WOODLAND HILLS	CA	91364-2203

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST EFF

INFORMATION REQUESTED PER BEST EFF

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
06			30			2016			

Transaction ID : SA11A.332265

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**B. ROBERT DONHAM**

Mailing Address P.O. BOX 58

City	State	Zip Code
DOUGLAS CITY	CA	96024-0058

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST

INFORMATION REQUESTED PER BEST EFF

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
06			10			2016			

Transaction ID : SA11A.317676

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**C. JAMES DOOLEY**

Mailing Address 17 REDFERN CT

City	State	Zip Code
LINCROFT	NJ	07738-1830

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

STONE HARBOR INVESTMENT PARTNERS

MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
06			22			2016			

Transaction ID : SA11A.333208

Amount of Each Receipt this Period

2000.00

☐ Memo Item

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2200.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 68 OF 2173

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. SHIRLEY DOWLING**

Mailing Address 72 MY ST

City  
 HAVANA

State Zip Code  
 FL 32333-6211

FEC ID number of contributing  
 federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID : SA11A.314759

Amount of Each Receipt this Period

500.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**B. AMY DUNNE**

Mailing Address 14850 W HIGHWAY 40

City  
 OCALA

State Zip Code  
 FL 34481-3538

FEC ID number of contributing  
 federal political committee.

C

Name of Employer

INFORMATION REQUESTED PER BEST  
 EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFF

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 29 / 2016

Transaction ID : SA11A.330737

Amount of Each Receipt this Period

500.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**C. SOUSSAN DYE**

Mailing Address 14106 SUMMIT CRST

City  
 ESCONDIDO

State Zip Code  
 CA 92025-7553

FEC ID number of contributing  
 federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

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

Transaction ID : SA11A.315244

Amount of Each Receipt this Period

200.00

☐ Memo Item

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1200.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 69 OF 2173

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DICK EASTMAN**

Mailing Address 1010 LANE 11

City  
POWELLState  
WYZip Code  
82435-9226FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF

Occupation

MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID : SA11A.333329

Amount of Each Receipt this Period

500.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**B. MARCIA EASTMAN**

Mailing Address 1233 NORTHBROOK LN

City  
TROYState  
OHZip Code  
45373-1541FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED PER BEST  
EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFF

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

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

Transaction ID : SA11A.315196

Amount of Each Receipt this Period

50.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**C. MARCIA EASTMAN**

Mailing Address 1233 NORTHBROOK LN

City  
TROYState  
OHZip Code  
45373-1541FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED PER BEST EFF

Occupation

INFORMATION REQUESTED PER BEST EFF

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

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

Transaction ID : SA11A.323226

Amount of Each Receipt this Period

50.00

☐ Memo Item

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

600.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 70 OF 2173

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. PATTY ECKER**

Mailing Address 519 TIMMIE LN  
 519 TIMMIE LANE

City State Zip Code  
 WATERFORD CA 95386-9139

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 24 / 2016

Transaction ID : SA11A.327278

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**B. CAROL EDGINGTON**

Mailing Address 20 CASTLE DR.

City State Zip Code  
 KETTERING OH 45429-1720

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2016

Transaction ID : SA11A.331314

Amount of Each Receipt this Period

300.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**C. JOHANNA ELBERTSE**

Mailing Address 390 GREYSTONE POINT CT

City State Zip Code  
 LAKE WYLIE SC 29710-7037

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED PER BEST EFF

Occupation

INFORMATION REQUESTED PER BEST EFF

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 02 / 2016

Transaction ID : SA11A.313461

Amount of Each Receipt this Period

50.00

☐ Memo Item

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

450.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 71 OF 2173

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. JOHANNA ELBERTSE**

Mailing Address 390 GREYSTONE POINT CT

City

LAKE WYLIE

State

SC

Zip Code

29710-7037

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST EFFC

INFORMATION REQUESTED PER BEST EFF

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 16 / 2016

Transaction ID : SA11A.321515

Amount of Each Receipt this Period

50.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**B. JOHANNA ELBERTSE**

Mailing Address 390 GREYSTONE POINT CT

City

LAKE WYLIE

State

SC

Zip Code

29710-7037

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST

INFORMATION REQUESTED PER BEST EFF

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 23 / 2016

Transaction ID : SA11A.325743

Amount of Each Receipt this Period

75.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**C. CAMILO ELIZONDO**

Mailing Address P.O. BOX 597

City

SOMERSET

State

TX

Zip Code

78069-0597

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST EFFC

INFORMATION REQUESTED PER BEST EFF

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 22 / 2016

Transaction ID : SA11A.324818

Amount of Each Receipt this Period

125.00

☐ Memo Item

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

250.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 72 OF 2173

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. CAMILO ELIZONDO**

Mailing Address P.O. BOX 597

City  
**SOMERSET**

State Zip Code  
**TX 78069-0597**

FEC ID number of contributing  
 federal political committee.

**C**

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST EFF

INFORMATION REQUESTED PER BEST EFF

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**325.00**

Date of Receipt

**06 / 24 / 2016**

**Transaction ID : SA11A.327932**

Amount of Each Receipt this Period

**100.00**

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**B. DOROTHY ELLIS**

Mailing Address 1323 W BOEHM RD.

City  
**WEST BRANCH**

State Zip Code  
**MI 48661-9326**

FEC ID number of contributing  
 federal political committee.

**C**

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST

INFORMATION REQUESTED PER BEST EFF

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**400.00**

Date of Receipt

**06 / 07 / 2016**

**Transaction ID : SA11A.315786**

Amount of Each Receipt this Period

**200.00**

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**C. FRANK ERARDI**

Mailing Address 112 POINTER PL

City  
**HOT SPRINGS NATION**

State Zip Code  
**AR 71901-7367**

FEC ID number of contributing  
 federal political committee.

**C**

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST EFF

INFORMATION REQUESTED PER BEST EFF

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**250.00**

Date of Receipt

**06 / 30 / 2016**

**Transaction ID : SA11A.332083**

Amount of Each Receipt this Period

**250.00**

☐ Memo Item

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

**550.00**



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. CHARLENE ESPESETH**

Mailing Address P.O. BOX 367

City  
 AITKIN

State  
 MN

Zip Code  
 56431-0367

FEC ID number of contributing  
 federal political committee.

C

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST EFFC

INFORMATION REQUESTED PER BEST EFF

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 24 / 2016

Transaction ID : SA11A.326708

Amount of Each Receipt this Period

250.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**B. SUSAN EVANGELHO**

Mailing Address 1801 STEWART ROAD

City  
 KUNA

State  
 ID

Zip Code  
 83634-1439

FEC ID number of contributing  
 federal political committee.

C

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST

INFORMATION REQUESTED PER BEST EFF

EFFORTS  
Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 20 / 2016

Transaction ID : SA11A.323486

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**C. CHARLES EVANS**

Mailing Address 5230 ACR2202

City  
 PALESTINE

State  
 TX

Zip Code  
 75803-

FEC ID number of contributing  
 federal political committee.

C

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST EFFC

INFORMATION REQUESTED PER BEST EFF

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 22 / 2016

Transaction ID : SA11A.325158

Amount of Each Receipt this Period

250.00

☐ Memo Item

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

600.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. ERIC EVANS**

Mailing Address 11641 BUENA VISTA DRIVE

City	State	Zip Code
LOS ALTOS HILLS	CA	94022-4285

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
EVANS CONSTRUCTIONOccupation  
SELF

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	13	/	2016

Transaction ID : SA11A.332984

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**B. CHARLES FARIES**

Mailing Address 12535 SW IRON MOUNTAIN BLVD

City	State	Zip Code
PORTLAND	OR	97219-8303

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER BEST  
EFFORTSOccupation  
INFORMATION REQUESTED PER BEST EFF

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	17	/	2016

Transaction ID : SA11A.322082

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**C. RONALD FARRER**

Mailing Address 303 RIVER RD

City	State	Zip Code
MIDWAY	GA	31320-6919

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER BEST EFFOccupation  
INFORMATION REQUESTED PER BEST EFF

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	20	/	2016

Transaction ID : SA11A.322958

Amount of Each Receipt this Period

200.00

☐ Memo Item

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

400.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

## **A. SAM FAULKNER**

Mailing Address 1564 COUNTY HIGHWAY 725

City State Zip Code  
 NEW MADRID MO 63869-9163

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST EFF

INFORMATION REQUESTED PER BEST EFF

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

06 / 29 / 2016

Transaction ID : SA11A.330557

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

## **B. JACQUELINE FERRELL**

Mailing Address 308 STEEPLE CHASE DR.

City State Zip Code  
 NEW IBERIA LA 70560-1431

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST

INFORMATION REQUESTED PER BEST EFF

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

06 / 29 / 2016

Transaction ID : SA11A.330384

Amount of Each Receipt this Period

300.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

## **C. FRANK FIELDS**

Mailing Address 3779 E COUNTY ROAD 951 N

City State Zip Code  
 PITTSBORO IN 46167-9404

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST EFF

INFORMATION REQUESTED PER BEST EFF

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 16 / 2016

Transaction ID : SA11A.321645

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

500.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. RONDAL FILDES**

Mailing Address 4310 MEADOWLAND DR.

City	State	Zip Code
MOUNT DORA	FL	32757-9665

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	23	/	2016

Transaction ID : SA11A.326024

Amount of Each Receipt this Period

500.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**B. JOSEPH A FILICE**

Mailing Address 8130 DEVILLE CT

City	State	Zip Code
GILROY	CA	95020-3715

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

FILICE ACCOUNTANCY CORP

CPA

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	15	/	2016

Transaction ID : SA11A.333047

Amount of Each Receipt this Period

250.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**C. DAVID FISSE**

Mailing Address 812 NORTH SHORE DRIVE

City	State	Zip Code
HIGHLAND VILLAGE	TX	75077-6484

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

RETIRED

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	20	/	2016

Transaction ID : SA11A.333106

Amount of Each Receipt this Period

250.00

☐ Memo Item

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶

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

1000.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 77 OF 2173

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. JILL FITZGERALD**

Mailing Address 486 MUREX DR.

City  
 NAPLES

State Zip Code  
 FL 34102-5142

FEC ID number of contributing  
 federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 13 / 2016

Transaction ID : SA11A.318659

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**B. JUDY FITZSIMMONS**

Mailing Address 700 HEMLOCK ST

City  
 IRWIN

State Zip Code  
 PA 15642-3842

FEC ID number of contributing  
 federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 16 / 2016

Transaction ID : SA11A.321116

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**C. JEFFREY FLANARY**

Mailing Address 5209 OLENTANGY DR.

City  
 RIVERSIDE

State Zip Code  
 OH 45431-1433

FEC ID number of contributing  
 federal political committee.

C

Name of Employer

ANTHEM INC.

Occupation

FINANCIAL ANALYST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 27 / 2016

Transaction ID : SA11A.333411

Amount of Each Receipt this Period

250.00

☐ Memo Item

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

450.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 78 OF 2173

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

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

Mailing Address 1219 DORIS AVE

City State Zip Code  
TAVARES FL 32778-2819

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

Name of Employer Occupation  
INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF

Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
225.00

Date of Receipt

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

Transaction ID : SA11A.315218

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

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

Mailing Address 110 FOREST GTWY

City State Zip Code  
CRYSTAL FALLS MI 49920-8856

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

Name of Employer Occupation  
INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF

Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
1500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 29 / 2016

Transaction ID : SA11A.330555

Amount of Each Receipt this Period

500.00

☐ Memo Item

CONTRIBUTION

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

Mailing Address P.O. BOX 192

City State Zip Code  
AUBREY AR 72311-0192

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

Name of Employer Occupation  
INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF

Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 24 / 2016

Transaction ID : SA11A.326838

Amount of Each Receipt this Period

300.00

☐ Memo Item

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶

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

900.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 79 OF 2173

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. ADRIAN FOLEY**

Mailing Address 514 DRAYTON HALL BLVD

City  
DUNCANState  
SCZip Code  
29334-8726FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF

Occupation

DEVELOPER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
06			02			2016			

Transaction ID : SA11A.313356

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**B. ADRIAN FOLEY**

Mailing Address 514 DRAYTON HALL BLVD

City  
DUNCANState  
SCZip Code  
29334-8726FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF

Occupation

DEVELOPER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
06			24			2016			

Transaction ID : SA11A.327551

Amount of Each Receipt this Period

1000.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**C. JEFFREY FORCHELLI**

Mailing Address 5 DANTON LANE S

City  
LATTINGTOWNState  
NYZip Code  
11560-1123FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

LAWYER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
06			29			2016			

Transaction ID : SA11A.330259

Amount of Each Receipt this Period

250.00

☐ Memo Item

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1350.00

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

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

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. JOHN FORD**

Mailing Address 611 ANTON BLVD. SUITE 700  
SUITE 700

City State Zip Code  
COSTA MESA CA 92626-7050

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INSIGHT INVESTMENTS

Occupation  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 20 / 2016

Transaction ID : SA11A.333107

Amount of Each Receipt this Period

500.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**B. CONNIE FOREMAN**

Mailing Address 216 E HEPPLER LN  
216 E HEPPLER LN

City State Zip Code  
SARATOGA SPRINGS UT 84045-3815

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER BEST  
EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFF

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

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

Transaction ID : SA11A.315220

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**C. CONNIE FOREMAN**

Mailing Address 216 E HEPPLER LN  
216 E HEPPLER LN

City State Zip Code  
SARATOGA SPRINGS UT 84045-3815

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER BEST EFF

Occupation  
INFORMATION REQUESTED PER BEST EFF

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 23 / 2016

Transaction ID : SA11A.325919

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

700.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 81 OF 2173

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC****A. BETTY FORREST**

Full Name (Last, First, Middle Initial)

Mailing Address 112 DICKSON LN

City	State	Zip Code
CARLSBAD	NM	88220-8800

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST EFFC

INFORMATION REQUESTED PER BEST EFF

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		09		2016

Transaction ID : SA11A.318090

Amount of Each Receipt this Period

1000.00

☐ Memo Item

CONTRIBUTION

**B. JAMES FORSYTHE**

Full Name (Last, First, Middle Initial)

Mailing Address 26055 AMY CIR

City	State	Zip Code
CONIFER	CO	80433-6113

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST

INFORMATION REQUESTED PER BEST EFF

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		30		2016

Transaction ID : SA11A.331983

Amount of Each Receipt this Period

250.00

☐ Memo Item

CONTRIBUTION

**C. REGINALD FOUNTAIN**

Full Name (Last, First, Middle Initial)

Mailing Address 204 EASTBROOK DR.

City	State	Zip Code
GREENVILLE	NC	27858-4212

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST EFFC

INFORMATION REQUESTED PER BEST EFF

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		15		2016

Transaction ID : SA11A.320965

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1350.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 82 OF 2173

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. EDWARD FOWLER**

Mailing Address 1415 COUNTY ROAD 139

City	State	Zip Code
GIDDINGS	TX	78942-2918

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST EFF

INFORMATION REQUESTED PER BEST EFF

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	28	/	2016

Transaction ID : SA11A.329787

Amount of Each Receipt this Period

300.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**B. RICHARD FRAZIER**

Mailing Address 383 HERMOSITA DR.

City	State	Zip Code
SAINT PETERSBURG	FL	33706-2803

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST

INFORMATION REQUESTED PER BEST EFF

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	02	/	2016

Transaction ID : SA11A.313347

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**C. RICHARD FRAZIER**

Mailing Address 383 HERMOSITA DR.

City	State	Zip Code
SAINT PETERSBURG	FL	33706-2803

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST EFF

INFORMATION REQUESTED PER BEST EFF

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	21	/	2016

Transaction ID : SA11A.323868

Amount of Each Receipt this Period

200.00

☐ Memo Item

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

600.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 83 OF 2173

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. SAM FREISE**Mailing Address 151 RAINBOW DR.  
UNIT 5135

City	State	Zip Code
LIVINGSTON	TX	77399-1051

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST EFFC

INFORMATION REQUESTED PER BEST EFF

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		23		2016

Transaction ID : SA11A.325926

Amount of Each Receipt this Period

200.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**B. SAM FREISE**Mailing Address 151 RAINBOW DR.  
UNIT 5135

City	State	Zip Code
LIVINGSTON	TX	77399-1051

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST

INFORMATION REQUESTED PER BEST EFF

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		27		2016

Transaction ID : SA11A.328854

Amount of Each Receipt this Period

50.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**C. RAYMOND FRITZ**

Mailing Address 3483 WINDING MEADOW DR.

City	State	Zip Code
BEDIAS	TX	77831-2009

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST EFFC

INFORMATION REQUESTED PER BEST EFF

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		02		2016

Transaction ID : SA11A.313395

Amount of Each Receipt this Period

500.00

☐ Memo Item

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶

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

750.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. JOHN FULLER**

Mailing Address 2650 CHURCH RD E

City  
SOUTHAVENState  
MSZip Code  
38671-9709FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	27	/	2016

Transaction ID : SA11A.329314

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**B. CARROLL FULMER**

Mailing Address 11050 AUTUMN LN

City  
CLERMONTState  
FLZip Code  
34711-9128FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	20	/	2016

Transaction ID : SA11A.323305

Amount of Each Receipt this Period

500.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**C. ANN FUSSELL**

Mailing Address 203 W WASHINGTON AVE

City  
HINESVILLEState  
GAZip Code  
31313-2543FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	09	/	2016

Transaction ID : SA11A.318312

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

700.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 85 OF 2173

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. ANN FUSSELL**

Mailing Address 203 W WASHINGTON AVE

City	State	Zip Code
HINESVILLE	GA	31313-2543

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST EFFC

INFORMATION REQUESTED PER BEST EFF

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	16	/	2016

Transaction ID : SA11A.321661

Amount of Each Receipt this Period

200.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**B. ANN FUSSELL**

Mailing Address 203 W WASHINGTON AVE

City	State	Zip Code
HINESVILLE	GA	31313-2543

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST

INFORMATION REQUESTED PER BEST EFF

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	28	/	2016

Transaction ID : SA11A.329861

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**C. MARION GADBERRY**

Mailing Address 333 S BUTTERCLAM ST SW

City	State	Zip Code
OCEAN SHORES	WA	98569-9790

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST EFFC

INFORMATION REQUESTED PER BEST EFF

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

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

Transaction ID : SA11A.315204

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

400.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. FRED GANN**

Mailing Address P.O. BOX 155338

City  
LUFKINState  
TXZip Code  
75915-5338FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
06			08			2016			

Transaction ID : SA11A.317151

Amount of Each Receipt this Period

500.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**B. EUGENE GARCIA**

Mailing Address P.O. BOX 810

City

LACOMBE

State

LA

Zip Code

70445-0810

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
06			13			2016			

Transaction ID : SA11A.319327

Amount of Each Receipt this Period

500.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**C. LEIGHTON GARDNER**Mailing Address 931 SE 9TH AVE  
APT 13

City

POMPANO BEACH

State

FL

Zip Code

33060-9541

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
06			30			2016			

Transaction ID : SA11A.331936

Amount of Each Receipt this Period

210.00

☐ Memo Item

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1210.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. JERRY GARRETT**

Mailing Address 2691 W LAKE VAN NESS CIR

City  
FRESNOState  
CAZip Code  
93711-7024FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID : SA11A.327662

Amount of Each Receipt this Period

1000.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**B. ANTHONY GERGELY**

Mailing Address P.O. BOX 590

City  
SEGUINState  
TXZip Code  
78156-0590FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID : SA11A.313967

Amount of Each Receipt this Period

1000.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**C. JAMES GERLACH**

Mailing Address 109 AMBERSWEET WAY NUM 320

City  
DAVENPORTState  
FLZip Code  
33897-8418FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

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

Transaction ID : SA11A.330140

Amount of Each Receipt this Period

500.00

☐ Memo Item

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2500.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 88 OF 2173

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. JACK GEYER**

Mailing Address 1120 HIBERTA ST

City  
MISSOULAState  
MTZip Code  
59804-3155FEC ID number of contributing  
federal political committee.

C

Name of Employer

TECHSECO

Occupation

BOILER OPERATOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 21 / 2016

Transaction ID : SA11A.323855

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**B. FRED GIBSON**

Mailing Address 3204 PLAZA DE RAFAEL

City  
LAS VEGASState  
NVZip Code  
89102-4024FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED PER BEST  
EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFF

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 16 / 2016

Transaction ID : SA11A.332774

Amount of Each Receipt this Period

250.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**C. JAMES GIBSON**

Mailing Address 46 DELBURNE DR.

City  
DAVISState  
ILZip Code  
61019-9540FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED PER BEST EFF

Occupation

INFORMATION REQUESTED PER BEST EFF

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 13 / 2016

Transaction ID : SA11A.319501

Amount of Each Receipt this Period

500.00

☐ Memo Item

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

850.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

**A. WILLIAM GIESE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. BOX 160  
 City State Zip Code  
 KAMUELA HI 96743-0160  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 275.00

Date of Receipt

**06 / 06 / 2016**

**Transaction ID : SA11A.315175**

Amount of Each Receipt this Period

**100.00**

☐ Memo Item

CONTRIBUTION

**B. ROSS GILLESPIE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. BOX 7310  
 City State Zip Code  
 BECKLEY WV 25802-7310  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 675.00

Date of Receipt

**06 / 29 / 2016**

**Transaction ID : SA11A.331194**

Amount of Each Receipt this Period

**25.00**

☐ Memo Item

CONTRIBUTION

**C. ROSS GILLESPIE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. BOX 7310  
 City State Zip Code  
 BECKLEY WV 25802-7310  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 675.00

Date of Receipt

**06 / 29 / 2016**

**Transaction ID : SA11A.331195**

Amount of Each Receipt this Period

**75.00**

☐ Memo Item

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

**200.00**

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. JOHN GOCKE**

Mailing Address 684 BENJAMIN FRANKLIN CT

City	State	Zip Code
NINEVEH	IN	46164-8675

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	03	/	2016

Transaction ID : SA11A.313852

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**B. JOHN GOCKE**

Mailing Address 684 BENJAMIN FRANKLIN CT

City	State	Zip Code
NINEVEH	IN	46164-8675

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	21	/	2016

Transaction ID : SA11A.323782

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**C. PATRICIA GOLDSBERRY**

Mailing Address 23657 CUTTER DR.

City	State	Zip Code
CANYON LAKE	CA	92587-7423

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED PER BEST EFF

Occupation

INFORMATION REQUESTED PER BEST EFF

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	21	/	2016

Transaction ID : SA11A.324291

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

300.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 91 OF 2173

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. LARRY GOTTULA**

Mailing Address P.O. BOX 1010

City State Zip Code  
 VERDI NV 89439-1010

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST EFFC

INFORMATION REQUESTED PER BEST EFF

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1075.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 06 21 2016

Transaction ID : SA11A.323775

Amount of Each Receipt this Period

1000.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**B. SUSIE GRAHAM**

Mailing Address P.O. BOX 185

City State Zip Code  
 IMPERIAL TX 79743-0185

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST

INFORMATION REQUESTED PER BEST EFF

EFFORTS  
Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 06 13 2016

Transaction ID : SA11A.319469

Amount of Each Receipt this Period

75.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**C. SUSIE GRAHAM**

Mailing Address P.O. BOX 185

City State Zip Code  
 IMPERIAL TX 79743-0185

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST EFFC

INFORMATION REQUESTED PER BEST EFF

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 06 13 2016

Transaction ID : SA11A.319470

Amount of Each Receipt this Period

75.00

☐ Memo Item

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1150.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. SUSIE GRAHAM**

Mailing Address P.O. BOX 185

City  
**IMPERIAL**

State Zip Code  
**TX 79743-0185**

FEC ID number of contributing  
 federal political committee.

**C**

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
**06 27 2016**

**Transaction ID : SA11A.328993**

Amount of Each Receipt this Period

75.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**B. CURTIS GRAVES**

Mailing Address 8 OKEENA CV

City  
**JACKSON**

State Zip Code  
**TN 38305-8851**

FEC ID number of contributing  
 federal political committee.

**C**

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
**06 30 2016**

**Transaction ID : SA11A.332115**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**C. HENRY GREENHILL**

Mailing Address 227 GARDENIA CT

City  
**PRATTVILLE**

State Zip Code  
**AL 36067-2721**

FEC ID number of contributing  
 federal political committee.

**C**

Name of Employer

Occupation

RETIRED

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
**06 06 2016**

**Transaction ID : SA11A.332828**

Amount of Each Receipt this Period

250.00

☐ Memo Item

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

1325.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

**A. MARILYN GREEN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 601 NORWALK ST  
 City Greensboro State NC Zip Code 27407-1409  
 FEC ID number of contributing federal political committee. C  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt

06 / 06 / 2016

Transaction ID : SA11A.315178

Amount of Each Receipt this Period

50.00

☐ Memo Item

CONTRIBUTION

**B. SANDRA GRIFFITH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. BOX 944  
 City Kountze State TX Zip Code 77625-0944  
 FEC ID number of contributing federal political committee. C  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt

06 / 08 / 2016

Transaction ID : SA11A.316666

Amount of Each Receipt this Period

250.00

☐ Memo Item

CONTRIBUTION

**C. KEN GRIGGS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 121 SW MORRISON ST  
 STE 200  
 City Portland State OR Zip Code 97204-3132  
 FEC ID number of contributing federal political committee. C  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 300.00

Date of Receipt

06 / 17 / 2016

Transaction ID : SA11A.322328

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶

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

400.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DOUG GRIMES**

Mailing Address 35 E CANYONVIEW DR.

City	State	Zip Code
RANSOM CANYON	TX	79366-2303

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST EFFC

INFORMATION REQUESTED PER BEST EFF

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	13	/	2016

Transaction ID : SA11A.318839

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**B. ALAN GROUT**

Mailing Address P.O. BOX 339

City	State	Zip Code
VALATIE	NY	12184-0339

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

SELF EMPLOYED

VETERINARIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	03	/	2016

Transaction ID : SA11A.313718

Amount of Each Receipt this Period

250.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**C. RICK GROVE**

Mailing Address P.O. BOX 709

City	State	Zip Code
MORRILL	NE	69358-0709

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST EFFC

INFORMATION REQUESTED PER BEST EFF

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	29	/	2016

Transaction ID : SA11A.330343

Amount of Each Receipt this Period

250.00

☐ Memo Item

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

600.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. CHRIS GRZANKOWSKI**

Mailing Address 28533 STATE ROUTE 92

City  
SUSQUEHANNA

State Zip Code  
PA 18847-7862

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 16 / 2016

Transaction ID : SA11A.321657

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**B. KEVIN GUARINO**

Mailing Address 201 BROMPTON ROAD

City  
GARDEN CITY

State Zip Code  
NY 11530-1303

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

RETIRED

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 12 / 2016

Transaction ID : SA11A.332975

Amount of Each Receipt this Period

50.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**C. JESSICA GUMMELT**

Mailing Address 11043 SW HICKORY RD

City  
STEWARTSVILLE

State Zip Code  
MO 64490-6197

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 27 / 2016

Transaction ID : SA11A.328521

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

250.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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

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(check only one)

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. JOHN HADLEY**

Mailing Address P.O. BOX 1078

City  
SOQUEL

State  
CA

Zip Code  
95073-1078

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 24 / 2016

Transaction ID : SA11A.327849

Amount of Each Receipt this Period

250.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**B. DONALD HADRICK**

Mailing Address 2467 CHATHAM DR.

City

FORT MILL

State

SC

Zip Code

29707-3501

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 27 / 2016

Transaction ID : SA11A.329284

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**C. JANET HAEGER**

Mailing Address 1776 W VISTA RIDGE DR.

City

GREEN VALLEY

State

AZ

Zip Code

85622-5802

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 27 / 2016

Transaction ID : SA11A.328444

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

450.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

## **A. DAN HAIGHT**

Mailing Address 512 LAVER WAY

City State Zip Code  
 NEWPORT BEACH CA 92660-3509

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 23 / 2016

Transaction ID : SA11A.325563

Amount of Each Receipt this Period

1000.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

## **B. DANIEL HALBERT**

Mailing Address 2320 E BASELINE RD

City State Zip Code  
 PHOENIX AZ 85042-6951

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED PER BEST  
EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFF

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 07 / 2016

Transaction ID : SA11A.315863

Amount of Each Receipt this Period

250.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

## **C. DANIEL HALL**

Mailing Address P.O. BOX 489

City State Zip Code  
 JOSHUA TREE CA 92252-0489

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED PER BEST EFFC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFF

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 21 / 2016

Transaction ID : SA11A.324028

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

1350.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DANIEL HALL**

Mailing Address P.O. BOX 489

City

JOSHUA TREE

State

CA

Zip Code

92252-0489

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 30 / 2016

Transaction ID : SA11A.331566

Amount of Each Receipt this Period

25.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**B. DUANE R HALL**

Mailing Address P.O. BOX 264

City

EDINA

State

MO

Zip Code

63537-0264

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

SELF

LANDLORD/REALTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 03 / 2016

Transaction ID : SA11A.313719

Amount of Each Receipt this Period

10.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**C. DUANE R HALL**

Mailing Address P.O. BOX 264

City

EDINA

State

MO

Zip Code

63537-0264

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

SELF

LANDLORD/REALTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 30 / 2016

Transaction ID : SA11A.332370

Amount of Each Receipt this Period

10.00

☐ Memo Item

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

45.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DUANE R HALL**

Mailing Address P.O. BOX 264

City  
EDINAState  
MOZip Code  
63537-0264FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF

Occupation

LANDLORD/REALTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

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

Transaction ID : SA11A.332371

Amount of Each Receipt this Period

5.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**B. RICHARD HALL**

Mailing Address P.O. BOX 6262

City

SHERIDAN

State

WY

Zip Code

82801-1662

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED PER BEST  
EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFF

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID : SA11A.316032

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**C. DENNIS HAMEL**Mailing Address 448 N CEDAR BLUFF  
APT B135

City

KNOXVILLE

State

TN

Zip Code

37923-3612

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED PER BEST EFF

Occupation

INFORMATION REQUESTED PER BEST EFF

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	9		2	0	1	6

Transaction ID : SA11A.318070

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

205.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

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

Mailing Address 2900 W LIVE OAK DR.

City State Zip Code  
 PRESCOTT AZ 86305-7788

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

Name of Employer Occupation  
 RETIRED RETIRED

Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
 250.00

Date of Receipt

**06 / 02 / 2016**

**Transaction ID : SA11A.313502**

Amount of Each Receipt this Period

50.00

☐ Memo Item

CONTRIBUTION

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

Mailing Address 6830 SANDPEBBLE ST

City State Zip Code  
 PAHRUMP NV 89061-7746

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

Name of Employer Occupation  
 RETIRED RETIRED

Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
 250.00

Date of Receipt

**06 / 06 / 2016**

**Transaction ID : SA11A.315191**

Amount of Each Receipt this Period

50.00

☐ Memo Item

CONTRIBUTION

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

Mailing Address 6830 SANDPEBBLE ST

City State Zip Code  
 PAHRUMP NV 89061-7746

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

Name of Employer Occupation  
 RETIRED RETIRED

Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
 250.00

Date of Receipt

**06 / 28 / 2016**

**Transaction ID : SA11A.329513**

Amount of Each Receipt this Period

50.00

☐ Memo Item

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

150.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

<b>A. JANE HANCOCK</b> Full Name (Last, First, Middle Initial) Mailing Address P.O. BOX 462910 City ESCONDIDO State CA Zip Code 92046-2910 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer RETIRED Occupation RETIRED Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00			Date of Receipt M M / D D / Y Y Y Y Y 06 / 06 / 2016 <b>Transaction ID : SA11A.314993</b> Amount of Each Receipt this Period 100.00 <input type="checkbox"/> Memo Item CONTRIBUTION		
<b>B. JANE HANCOCK</b> Full Name (Last, First, Middle Initial) Mailing Address P.O. BOX 462910 City ESCONDIDO State CA Zip Code 92046-2910 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer RETIRED Occupation RETIRED Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00			Date of Receipt M M / D D / Y Y Y Y Y 06 / 27 / 2016 <b>Transaction ID : SA11A.328524</b> Amount of Each Receipt this Period 100.00 <input type="checkbox"/> Memo Item CONTRIBUTION		
<b>C. THERESA HANELINE</b> Full Name (Last, First, Middle Initial) Mailing Address 7203 PINE LAKE ROAD City FORT WAYNE State IN Zip Code 46814-8122 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer RETIRED Occupation RETIRED Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00			Date of Receipt M M / D D / Y Y Y Y Y 06 / 22 / 2016 <b>Transaction ID : SA11A.333276</b> Amount of Each Receipt this Period 500.00 <input type="checkbox"/> Memo Item CONTRIBUTION		
<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶			700.00		
<b>TOTAL</b> This Period (last page this line number only)..... ▶					

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

## **A. HAL HANSEN**

Mailing Address 2490 COUR JASMIN UNIT E 401  
E401

City State Zip Code  
NAPLES FL 34105-3143

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 03 / 2016

Transaction ID : SA11A.313720

Amount of Each Receipt this Period

200.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

## **B. WALTER LEE HANSON**

Mailing Address 100 SCHOOLEY CIR

City State Zip Code  
DAPHNE AL 36526-7736

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 04 / 2016

Transaction ID : SA11A.332822

Amount of Each Receipt this Period

50.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

## **C. SUSANNA HARBISON**

Mailing Address 1251 COUNTY RD

City State Zip Code  
CANON CITY CO 81212-

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED PER BEST EFF

Occupation

INFORMATION REQUESTED PER BEST EFF

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 30 / 2016

Transaction ID : SA11A.332053

Amount of Each Receipt this Period

300.00

☐ Memo Item

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

550.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

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

Mailing Address **911 VIA PALO ALTO**

City State Zip Code  
**APTOS CA 95003-5630**

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

Name of Employer Occupation  
**INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF**

Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
**500.00**

Date of Receipt

**06 / 27 / 2016**

**Transaction ID : SA11A.329169**

Amount of Each Receipt this Period

**500.00**

☐ Memo Item

CONTRIBUTION

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

Mailing Address **44700 SAGE RD**  
**APT H**

City State Zip Code  
**AGUANGA CA 92536-9749**

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

Name of Employer Occupation  
**INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF**

Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
**500.00**

Date of Receipt

**06 / 13 / 2016**

**Transaction ID : SA11A.319465**

Amount of Each Receipt this Period

**500.00**

☐ Memo Item

CONTRIBUTION

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

Mailing Address **7725 N 1740 RD**

City State Zip Code  
**DURHAM OK 73642-4258**

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

Name of Employer Occupation  
**INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF**

Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
**1000.00**

Date of Receipt

**06 / 22 / 2016**

**Transaction ID : SA11A.324990**

Amount of Each Receipt this Period

**1000.00**

☐ Memo Item

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

**2000.00**

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

## **A. ED HAUSER**

Mailing Address 150 BRADLEY.PL.  
 304

City State Zip Code  
 PALM BEACH FL 33480-

FEC ID number of contributing  
federal political committee.

C

Name of Employer

N/A

Occupation

INVESTMENTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID : SA11A.314757

Amount of Each Receipt this Period

200.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

## **B. FRANK HAWS**

Mailing Address 421 MCCLUNG AVE SE

City State Zip Code  
 HUNTSVILLE AL 35801-3111

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED PER BEST  
EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFF

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 27 / 2016

Transaction ID : SA11A.329130

Amount of Each Receipt this Period

1000.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

## **C. MRS. BARBARA J. HAYDEN**

Mailing Address 1300 W HENRY ST

City State Zip Code  
 SEDALIA MO 65301-2753

FEC ID number of contributing  
federal political committee.

C

Name of Employer

STARLINE INC

Occupation

SMALL BUSINESS OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 23 / 2016

Transaction ID : SA11A.325564

Amount of Each Receipt this Period

1000.00

☐ Memo Item

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

2200.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. CHRISTY HECKMAN**

Mailing Address 23968 BROOKPLACE CT

City	State	Zip Code
FARMINGTON HILLS	MI	48336-2727

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST EFFC

INFORMATION REQUESTED PER BEST EFF

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	27	/	2016

Transaction ID : SA11A.329019

Amount of Each Receipt this Period

300.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**B. ROBERT HEDGEPEETH**

Mailing Address 1144 LAFITTE DRIVE

City	State	Zip Code
BONNE TERRE	MO	63628-8931

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

RETIRED

FIGHTER PILOT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	21	/	2016

Transaction ID : SA11A.333142

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**C. MICHAEL HEINS**

Mailing Address 871 ROAD 160

City	State	Zip Code
EMPORIA	KS	66801-7700

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST EFFC

INFORMATION REQUESTED PER BEST EFF

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	22	/	2016

Transaction ID : SA11A.325296

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶

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

500.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. MICHAEL HEISE**

Mailing Address W277N2563 ROCKY POINT RD

City

PEWAUKEE

State

WI

Zip Code

53072-4330

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WISCONSIN HOMES

Occupation

REAL ESTATE

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	23	/	2016

Transaction ID : SA11A.325970

Amount of Each Receipt this Period

50.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**B. CHARLES HELLE**

Mailing Address P.O. BOX 237

City

NORTHPORT

State

WA

Zip Code

99157-0237

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED PER BEST  
EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFF

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	22	/	2016

Transaction ID : SA11A.324680

Amount of Each Receipt this Period

500.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**C. RICHARD HELSTROM**Mailing Address 102 S 54TH ST  
STE 1

City

CHANDLER

State

AZ

Zip Code

85226-3246

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED PER BEST EFF

Occupation

INFORMATION REQUESTED PER BEST EFF

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	23	/	2016

Transaction ID : SA11A.326062

Amount of Each Receipt this Period

250.00

☐ Memo Item

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

800.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

**A. MICHAEL HENDERSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 205 S CEDAR ST  
 City NEW LONDON State IA Zip Code 52645-1730  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 24 / 2016

Transaction ID : SA11A.327443

Amount of Each Receipt this Period

500.00

☐ Memo Item

CONTRIBUTION

**B. MICHAEL SHARON HENNICK**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 55478 MORRISON RD  
 City BANDON State OR Zip Code 97411-8383  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 28 / 2016

Transaction ID : SA11A.330051

Amount of Each Receipt this Period

500.00

☐ Memo Item

CONTRIBUTION

**C. LINDA HENRY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2417 EASTBROOK DR.  
 City MESQUITE State TX Zip Code 75150-5210  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 15 / 2016

Transaction ID : SA11A.320775

Amount of Each Receipt this Period

300.00

☐ Memo Item

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶

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

1300.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
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(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DIANE HERMAN**

Mailing Address 1650 NEZ PERCE LOOP NE

City	State	Zip Code
RIO RANCHO	NM	87144-7707

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	22	/	2016

Transaction ID : SA11A.325116

Amount of Each Receipt this Period

250.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**B. FRANCISCO HERNANDEZ**

Mailing Address 18384 SW 100TH ST

City	State	Zip Code
MIAMI	FL	33196-1748

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	21	/	2016

Transaction ID : SA11A.323774

Amount of Each Receipt this Period

150.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**C. JOSEPH HESTER**

Mailing Address 105 CARNIL RD

City	State	Zip Code
BLADENBORO	NC	28320-

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	29	/	2016

Transaction ID : SA11A.330873

Amount of Each Receipt this Period

500.00

☐ Memo Item

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶

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

900.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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

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(check only one)

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

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

Mailing Address **2831 NW 84TH AVE**

City **ANKENY** State **IA** Zip Code **50023-8859**

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

Name of Employer **INFORMATION REQUESTED PER BEST EFFORTS** Occupation **INFORMATION REQUESTED PER BEST EFFORTS**

Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
**300.00**

Date of Receipt

**06 / 08 / 2016**

**Transaction ID : SA11A.316765**

Amount of Each Receipt this Period

**100.00**

☐ Memo Item

CONTRIBUTION

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

Mailing Address **12202 SMALLWOOD AVE.**

City **DOWNEY** State **CA** Zip Code **90242-2333**

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

Name of Employer **INFORMATION REQUESTED PER BEST EFFORTS** Occupation **INFORMATION REQUESTED PER BEST EFFORTS**

Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
**500.00**

Date of Receipt

**06 / 08 / 2016**

**Transaction ID : SA11A.316392**

Amount of Each Receipt this Period

**500.00**

☐ Memo Item

CONTRIBUTION

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

Mailing Address **P.O. BOX 1513**

City **LIBBY** State **MT** Zip Code **59923-1513**

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

Name of Employer **INFORMATION REQUESTED PER BEST EFFORTS** Occupation **INFORMATION REQUESTED PER BEST EFFORTS**

Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
**375.00**

Date of Receipt

**06 / 27 / 2016**

**Transaction ID : SA11A.329291**

Amount of Each Receipt this Period

**150.00**

☐ Memo Item

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

**750.00**

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 110 OF 2173  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. GARY HITE**

Mailing Address 942 LULA PAYNE TRL

City	State	Zip Code
BALL GROUND	GA	30107-5096

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	29	/	2016

Transaction ID : SA11A.331211

Amount of Each Receipt this Period

250.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**B. VIRGINIA HOEHN**

Mailing Address 9887 COUNTY ROAD 458

City	State	Zip Code
MOKANE	MO	65059-1245

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	03	/	2016

Transaction ID : SA11A.314104

Amount of Each Receipt this Period

150.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**C. VIRGINIA HOEHN**

Mailing Address 9887 COUNTY ROAD 458

City	State	Zip Code
MOKANE	MO	65059-1245

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	03	/	2016

Transaction ID : SA11A.314122

Amount of Each Receipt this Period

150.00

☐ Memo Item

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶

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

550.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

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(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

## **A. VIRGINIA HOEHN**

Mailing Address 9887 COUNTY ROAD 458

City  
MOKANE

State Zip Code  
MO 65059-1245

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST EFFC

INFORMATION REQUESTED PER BEST EFF

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

06 / 23 / 2016

Transaction ID : SA11A.326008

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

## **B. VIRGINIA HOEHN**

Mailing Address 9887 COUNTY ROAD 458

City  
MOKANE

State Zip Code  
MO 65059-1245

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST

INFORMATION REQUESTED PER BEST EFF

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

06 / 23 / 2016

Transaction ID : SA11A.326009

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

## **C. VIRGINIA HOEHN**

Mailing Address 9887 COUNTY ROAD 458

City  
MOKANE

State Zip Code  
MO 65059-1245

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST EFFC

INFORMATION REQUESTED PER BEST EFF

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

06 / 23 / 2016

Transaction ID : SA11A.326010

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

300.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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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)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. VIRGINIA HOEHN**

Mailing Address 9887 COUNTY ROAD 458

City	State	Zip Code
MOKANE	MO	65059-1245

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST EFFC

INFORMATION REQUESTED PER BEST EFF

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	23	/	2016

Transaction ID : SA11A.326011

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**B. VIRGINIA HOEHN**

Mailing Address 9887 COUNTY ROAD 458

City	State	Zip Code
MOKANE	MO	65059-1245

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST

INFORMATION REQUESTED PER BEST EFF

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	23	/	2016

Transaction ID : SA11A.326012

Amount of Each Receipt this Period

200.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**C. JAMES HOFFMAN**

Mailing Address P.O. BOX 1116

City	State	Zip Code
FORT PIERRE	SD	57532-1116

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST EFFC

INFORMATION REQUESTED PER BEST EFF

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	17	/	2016

Transaction ID : SA11A.321943

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

400.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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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)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. REBECCA HOFFMAN**

Mailing Address 10550 ABISSO DR.

City  
LAS VEGASState  
NVZip Code  
89135-2573FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
06			22			2016			

Transaction ID : SA11A.324846

Amount of Each Receipt this Period

300.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**B. PAT HOFMAN**

Mailing Address 4820 PERRIN RD

City  
MANTECAState  
CAZip Code  
95337-9435FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
06			20			2016			

Transaction ID : SA11A.323340

Amount of Each Receipt this Period

250.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**C. JULIE HOLBROOK**

Mailing Address 7362 W PARKS HWY. #666

City  
WASILLAState  
AKZip Code  
99623-9300FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

PANCO INC

BOOK KEEPER/PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
06			23			2016			

Transaction ID : SA11A.333300

Amount of Each Receipt this Period

500.00

☐ Memo Item

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶

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

1050.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial) <b>A. D BROOKS HOLSTEIN</b>			Date of Receipt <div> <div>M M / D D / Y Y Y Y Y</div> <div>06 / 08 / 2016</div> </div> <b>Transaction ID : SA11A.332857</b>	
Mailing Address <b>286 BEAUVOIR ROAD</b> <b>SUITE 200</b>			Amount of Each Receipt this Period <div> <div>2500.00</div> </div> <input type="checkbox"/> Memo Item <b>CONTRIBUTION</b>	
City <b>BILOXI</b>	State <b>MS</b>	Zip Code <b>39531-4048</b>		
FEC ID number of contributing federal political committee. <div> <div>C</div> </div>				
Name of Employer <b>COMVEST PROPERTIES LLC/NET LEASE DE</b>		Occupation <b>COMMERCIAL REAL ESTATE DEVELOPER</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <div> <div>3500.00</div> </div>		

Full Name (Last, First, Middle Initial) <b>B. WILLIAM HOLTON</b>			Date of Receipt <div> <div>M M / D D / Y Y Y Y Y</div> <div>06 / 06 / 2016</div> </div> <b>Transaction ID : SA11A.315212</b>	
Mailing Address <b>1400 VERNON AVE</b>			Amount of Each Receipt this Period <div> <div>1000.00</div> </div> <input type="checkbox"/> Memo Item <b>CONTRIBUTION</b>	
City <b>YUBA CITY</b>	State <b>CA</b>	Zip Code <b>95993-5234</b>		
FEC ID number of contributing federal political committee. <div> <div>C</div> </div>				
Name of Employer <b>INFORMATION REQUESTED PER BEST EFFORTS</b>		Occupation <b>INFORMATION REQUESTED PER BEST EFF</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <div> <div>1100.00</div> </div>		

Full Name (Last, First, Middle Initial) <b>C. CAROLYN HOOPER</b>			Date of Receipt <div> <div>M M / D D / Y Y Y Y Y</div> <div>06 / 14 / 2016</div> </div> <b>Transaction ID : SA11A.319918</b>	
Mailing Address <b>13118 WINDBREAK RD</b>			Amount of Each Receipt this Period <div> <div>200.00</div> </div> <input type="checkbox"/> Memo Item <b>CONTRIBUTION</b>	
City <b>SAN DIEGO</b>	State <b>CA</b>	Zip Code <b>92130-1821</b>		
FEC ID number of contributing federal political committee. <div> <div>C</div> </div>				
Name of Employer <b>INFORMATION REQUESTED PER BEST EFF</b>		Occupation <b>INFORMATION REQUESTED PER BEST EFF</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <div> <div>300.00</div> </div>		

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

3700.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. CAROLYN HOOPER**

Mailing Address 13118 WINDBREAK RD

City  
SAN DIEGOState  
CAZip Code  
92130-1821FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	27	/	2016

Transaction ID : SA11A.328711

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**B. MICHAEL HOOPER**

Mailing Address 11015 SUNSHINE CT

City  
EL PASOState  
TXZip Code  
79936-1062FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST  
EFFORTSINFORMATION REQUESTED PER BEST  
EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	17	/	2016

Transaction ID : SA11A.322112

Amount of Each Receipt this Period

200.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**C. RANDOLPH HOUSE**

Mailing Address 4645 CHICAGO AVE

City  
CONOVERState  
WIZip Code  
54519-9574FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

SELF

ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	30	/	2016

Transaction ID : SA11A.333510

Amount of Each Receipt this Period

250.00

☐ Memo Item

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶

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

550.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**Full Name (Last, First, Middle Initial)  
**A. CHRISTOPHER HOVICK**Mailing Address 2891 CANYON CREST DR.  
56

City	State	Zip Code
RIVERSIDE	CA	92507-

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CALTRANS

Occupation

CIVIL ENGINEER (AND STATISTICIAN)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	07	/	2016

Transaction ID : SA11A.315785

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

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

Mailing Address P.O. BOX 1656

City	State	Zip Code
GILLETTE	WY	82717-1656

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED PER BEST  
EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFF

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	23	/	2016

Transaction ID : SA11A.326077

Amount of Each Receipt this Period

1000.00

☐ Memo Item

CONTRIBUTION

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

Mailing Address 24 ROLLING DR.

City	State	Zip Code
GLEN HEAD	NY	11545-2613

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED PER BEST EFF

Occupation

INFORMATION REQUESTED PER BEST EFF

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2016

Transaction ID : SA11A.331733

Amount of Each Receipt this Period

200.00

☐ Memo Item

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1300.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**Full Name (Last, First, Middle Initial)  
**A. RICHARD HUDDLESTON**

Mailing Address 605 PINE ST

City	State	Zip Code
MADISONVILLE	LA	70447-9499

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
KEYPOINT COMMUNICATIONS, LLCOccupation  
MANAGING PARTNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	20	/	2016

Transaction ID : SA11A.323373

Amount of Each Receipt this Period

500.00

☐ Memo Item

CONTRIBUTION

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

Mailing Address 90292 SHORE LN

City	State	Zip Code
EUGENE	OR	97402-9445

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER BEST  
EFFORTSOccupation  
INFORMATION REQUESTED PER BEST EFF

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1075.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	07	/	2016

Transaction ID : SA11A.315997

Amount of Each Receipt this Period

1000.00

☐ Memo Item

CONTRIBUTION

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

Mailing Address 14 MANASSAS DR.

City	State	Zip Code
TOMS RIVER	NJ	08757-5807

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	22	/	2016

Transaction ID : SA11A.325177

Amount of Each Receipt this Period

300.00

☐ Memo Item

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1800.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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

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(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

## **A. AMY HUNTER**

Mailing Address 10030 LEDGE STONE DR.

City State Zip Code  
 MC GREGOR TX 76657-4167

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST EFFC

INFORMATION REQUESTED PER BEST EFF

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 16 / 2016

Transaction ID : SA11A.321517

Amount of Each Receipt this Period

500.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

## **B. BOBBY HURST**

Mailing Address 2010 WHISPER LANE

City State Zip Code  
 FAYETTEVILLE NC 28303-7002

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

HURST ANNAHO SUPPLY

VICE PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 08 / 2016

Transaction ID : SA11A.332850

Amount of Each Receipt this Period

50.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

## **C. LANNY ICE**

Mailing Address 1311 S MURRAY AVE

City State Zip Code  
 MONAHANS TX 79756-6305

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST EFFC

INFORMATION REQUESTED PER BEST EFF

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 09 / 2016

Transaction ID : SA11A.318244

Amount of Each Receipt this Period

500.00

☐ Memo Item

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

1050.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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

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(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

## **A. PAUL INLOW**

Mailing Address 53 W WASHINGTON ST

City  
SHELBYVILLE

State  
IN

Zip Code  
46176-1243

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

06 / 15 / 2016

Transaction ID : SA11A.320689

Amount of Each Receipt this Period

200.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

## **B. MAMDOUH NOREEN ISHAK**

Mailing Address 276 DONLEA RD

City  
BARRINGTON

State  
IL

Zip Code  
60010-4041

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST  
EFFORTS

INFORMATION REQUESTED PER BEST  
EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

06 / 02 / 2016

Transaction ID : SA11A.313553

Amount of Each Receipt this Period

50.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

## **C. MAMDOUH NOREEN ISHAK**

Mailing Address 276 DONLEA RD

City  
BARRINGTON

State  
IL

Zip Code  
60010-4041

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

06 / 15 / 2016

Transaction ID : SA11A.320687

Amount of Each Receipt this Period

50.00

☐ Memo Item

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

300.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 120 OF 2173

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

**A. MAMDOUH NOREEN ISHAK**

Full Name (Last, First, Middle Initial)  
Mailing Address 276 DONLEA RD

City State Zip Code  
BARRINGTON IL 60010-4041

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

Name of Employer Occupation  
INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFFC

Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 24 / 2016

Transaction ID : SA11A.327591

Amount of Each Receipt this Period

75.00

☐ Memo Item

CONTRIBUTION

**B. MARC IVERSON**

Full Name (Last, First, Middle Initial)  
Mailing Address 5200 BEVINGTON PLACE

City State Zip Code  
CHARLOTTE NC 28277-5504

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

Name of Employer Occupation  
NONE DISABLED

Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 30 / 2016

Transaction ID : SA11A.333546

Amount of Each Receipt this Period

250.00

☐ Memo Item

CONTRIBUTION

**C. ALEX JACK**

Full Name (Last, First, Middle Initial)  
Mailing Address P.O. BOX 116

City State Zip Code  
BRAWLEY CA 92227-0116

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

Name of Employer Occupation  
INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFFC

Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 27 / 2016

Transaction ID : SA11A.329112

Amount of Each Receipt this Period

1000.00

☐ Memo Item

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1325.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

**A. VIVIAN JACKSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 15 SOCIETY HILL WAY  
 City State Zip Code  
 EATONTOWN NJ 07724-3802  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 375.00

Date of Receipt

**06 / 13 / 2016**

**Transaction ID : SA11A.319190**

Amount of Each Receipt this Period

50.00

☐ Memo Item

CONTRIBUTION

**B. VIVIAN JACKSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 15 SOCIETY HILL WAY  
 City State Zip Code  
 EATONTOWN NJ 07724-3802  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 375.00

Date of Receipt

**06 / 23 / 2016**

**Transaction ID : SA11A.326434**

Amount of Each Receipt this Period

200.00

☐ Memo Item

CONTRIBUTION

**C. VIVIAN JACKSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 15 SOCIETY HILL WAY  
 City State Zip Code  
 EATONTOWN NJ 07724-3802  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 375.00

Date of Receipt

**06 / 30 / 2016**

**Transaction ID : SA11A.331794**

Amount of Each Receipt this Period

75.00

☐ Memo Item

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

325.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 122 OF 2173

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

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

Mailing Address **2289 BEDFORD ST. UNIT G1**

City **STAMFORD** State **CT** Zip Code **06905-3906**

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

Name of Employer **INFORMATION REQUESTED PER BEST EFFORTS** Occupation **INFORMATION REQUESTED PER BEST EFFORTS**

Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	17	/	2016

**Transaction ID : SA11A.321842**

Amount of Each Receipt this Period

500.00
--------

☐ Memo Item

CONTRIBUTION

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

Mailing Address **11949 CALLE LORENZANA**

City **EL CAJON** State **CA** Zip Code **92019-4071**

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

Name of Employer **INFORMATION REQUESTED PER BEST EFFORTS** Occupation **INFORMATION REQUESTED PER BEST EFFORTS**

Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	27	/	2016

**Transaction ID : SA11A.329101**

Amount of Each Receipt this Period

500.00
--------

☐ Memo Item

CONTRIBUTION

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

Mailing Address **17 HIDDEN VALLEY CT.**

City **FISHERSVILLE** State **VA** Zip Code **22939-2057**

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

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

Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	20	/	2016

**Transaction ID : SA11A.333102**

Amount of Each Receipt this Period

250.00
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☐ Memo Item

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶**TOTAL** This Period (last page this line number only)..... ▶

1250.00
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**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. LANCE JOHANSEN**

Mailing Address 15190 COMMUNITY RD

City  
GULFPORTState Zip Code  
MS 39503-3485FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST EFFC

INFORMATION REQUESTED PER BEST EFF

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

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

Transaction ID : SA11A.326602

Amount of Each Receipt this Period

250.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**B. GARY JOHNSTON**Mailing Address 1725 S. ESCONDIDO BLVD,  
ACity  
ESCONDIDOState Zip Code  
CA 92025-FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

RETIRED

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	9		2	0	1	6

Transaction ID : SA11A.313340

Amount of Each Receipt this Period

500.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**C. JOHN JOHNSON**

Mailing Address 3349 NE 30TH AVE

City  
POMPANO BEACHState Zip Code  
FL 33064-8526FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST EFFC

INFORMATION REQUESTED PER BEST EFF

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

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

Transaction ID : SA11A.329327

Amount of Each Receipt this Period

250.00

☐ Memo Item

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1000.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 124 OF 2173

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

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

Mailing Address **721 RIDGEWOOD ROAD**

City State Zip Code  
**DULUTH MN 55804-1732**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**CAPSTAN CORPORATION**

Occupation  
**CEO**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**3000.00**

Date of Receipt

**06 / 23 / 2016**

**Transaction ID : SA11A.333288**

Amount of Each Receipt this Period

**2500.00**

☐ Memo Item

**CONTRIBUTION**

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

Mailing Address **10265 COLLARD DR.**

City State Zip Code  
**LAKEVIEW MI 48850-9143**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**INFORMATION REQUESTED PER BEST  
 EFFORTS**

Occupation  
**INFORMATION REQUESTED PER BEST EFF**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**300.00**

Date of Receipt

**06 / 20 / 2016**

**Transaction ID : SA11A.323506**

Amount of Each Receipt this Period

**300.00**

☐ Memo Item

**CONTRIBUTION**

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

Mailing Address **3501 N CORONADO DR.**

City State Zip Code  
**ROSWELL NM 88201-9725**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**INFORMATION REQUESTED PER BEST EFFC**

Occupation  
**INFORMATION REQUESTED PER BEST EFF**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**1000.00**

Date of Receipt

**06 / 21 / 2016**

**Transaction ID : SA11A.324148**

Amount of Each Receipt this Period

**500.00**

☐ Memo Item

**CONTRIBUTION**

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

**3300.00**

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. ANITA JONES**

Mailing Address 3501 N CORONADO DR.

City  
ROSWELLState  
NMZip Code  
88201-9725FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
06			21			2016			

Transaction ID : SA11A.324190

Amount of Each Receipt this Period

500.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**B. EDWARD CLAYTON JONES**

Mailing Address 1158 JILL LN SW

City

MARIETTA

State

GA

Zip Code

30008-3283

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
06			28			2016			

Transaction ID : SA11A.329812

Amount of Each Receipt this Period

300.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**C. KERMIT JONES**

Mailing Address 3912 HALEY RD

City

AUGUSTA

State

GA

Zip Code

30907-2511

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
06			07			2016			

Transaction ID : SA11A.316010

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

900.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. LINDA JONES**

Mailing Address 640 COLD SPRINGS RD

City  
 COLLINS

State Zip Code  
 MS 39428-4607

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST EFFC

INFORMATION REQUESTED PER BEST EFF

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 20 / 2016

Transaction ID : SA11A.322673

Amount of Each Receipt this Period

50.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**B. LINDA JONES**

Mailing Address 640 COLD SPRINGS RD

City  
 COLLINS

State Zip Code  
 MS 39428-4607

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST

INFORMATION REQUESTED PER BEST EFF

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 30 / 2016

Transaction ID : SA11A.331847

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**C. THOMAS JORDAN**

Mailing Address 29895 W GLENN HWY

City  
 SUTTON

State Zip Code  
 AK 99674-8108

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST EFFC

INFORMATION REQUESTED PER BEST EFF

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 24 / 2016

Transaction ID : SA11A.327328

Amount of Each Receipt this Period

500.00

☐ Memo Item

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

650.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 127 OF 2173

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. BILLY JUMPER**

Mailing Address 14006 WOODTHORPE LN.

City	State	Zip Code
HOUSTON	TX	77079-

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	21	/	2016

Transaction ID : SA11A.324176

Amount of Each Receipt this Period

50.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**B. BILLY JUMPER**

Mailing Address 14006 WOODTHORPE LN.

City	State	Zip Code
HOUSTON	TX	77079-

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	23	/	2016

Transaction ID : SA11A.326189

Amount of Each Receipt this Period

75.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**C. BOBBY JUSTUS**

Mailing Address P.O. BOX 198

City	State	Zip Code
PREMIER	WV	24878-0198

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED PER BEST EFF

Occupation

INFORMATION REQUESTED PER BEST EFF

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	08	/	2016

Transaction ID : SA11A.317070

Amount of Each Receipt this Period

1000.00

☐ Memo Item

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1125.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. FERENC KACSINTA**

Mailing Address 7323 CARTWRIGHT AVE.

City State Zip Code  
 SUN VALLEY CA 91352-5107

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

06 / 10 / 2016

Transaction ID : SA11A.317681

Amount of Each Receipt this Period

600.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**B. MARY KALINOSKI**

Mailing Address 829 WARNER AVE

City State Zip Code  
 LEWISTON ID 83501-4935

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

06 / 13 / 2016

Transaction ID : SA11A.319306

Amount of Each Receipt this Period

1000.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**C. JASON KATS**

Mailing Address 450 W 42ND STREET APT 37A

City State Zip Code  
 NEW YORK NY 10036-6880

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

SELF-EMPLOYED

SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

06 / 09 / 2016

Transaction ID : SA11A.332893

Amount of Each Receipt this Period

5000.00

☐ Memo Item

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

6600.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 129 OF 2173

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. LORETTA KAUFMAN**

Mailing Address 2911 POWERHOUSE RD  
TRLR C

City State Zip Code  
YAKIMA WA 98902-1569

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 24 / 2016

Transaction ID : SA11A.326809

Amount of Each Receipt this Period

75.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**B. ANNE KEARNEY**

Mailing Address 2069 REXFORD WAY

City State Zip Code  
SAN JOSE CA 95128-2736

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

SELF

WRITER/EDITOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 09 / 2016

Transaction ID : SA11A.332897

Amount of Each Receipt this Period

50.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**C. ANNE KEARNEY**

Mailing Address 2069 REXFORD WAY

City State Zip Code  
SAN JOSE CA 95128-2736

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

SELF

WRITER/EDITOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 24 / 2016

Transaction ID : SA11A.333341

Amount of Each Receipt this Period

50.00

☐ Memo Item

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶

175.00

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

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

## **A. ANNE KEARNEY**

Mailing Address 2069 REXFORD WAY

City State Zip Code  
SAN JOSE CA 95128-2736

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF

Occupation

WRITER/EDITOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 28 / 2016

Transaction ID : SA11A.333436

Amount of Each Receipt this Period

75.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

## **B. DARLENE KEETON**

Mailing Address 1200 BRINEGAR RD

City State Zip Code  
OLIVE HILL KY 41164-6005

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 30 / 2016

Transaction ID : SA11A.331544

Amount of Each Receipt this Period

215.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

## **C. FRANK KEKEISEN**

Mailing Address 12028 WESHILL COURT

City State Zip Code  
MARYLAND HEIGHTS MO 63043-4131

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 17 / 2016

Transaction ID : SA11A.333077

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

390.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

## **A. NANCY KEMP**

Mailing Address 112 E BEVERLY DR.

City  
MALAKOFF

State Zip Code  
TX 75148-4828

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

06 / 29 / 2016

Transaction ID : SA11A.330647

Amount of Each Receipt this Period

300.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

## **B. JOHN KENFIELD**

Mailing Address P.O. BOX 88308

City  
SIOUX FALLS

State Zip Code  
SD 57109-8308

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

06 / 09 / 2016

Transaction ID : SA11A.318357

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

## **C. DONALD KENT**

Mailing Address P.O. BOX 198

City  
FLUKER

State Zip Code  
LA 70436-0198

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

06 / 15 / 2016

Transaction ID : SA11A.320966

Amount of Each Receipt this Period

200.00

☐ Memo Item

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

600.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. EFFIE KERIAKOS**

Mailing Address 1481 HILDRETH ST

City  
DRACUT

State Zip Code  
MA 01826-1362

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID : SA11A.314794

Amount of Each Receipt this Period

250.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**B. RANDY KERSLAKE**

Mailing Address 205 NATOMA ST

City  
FOLSOM

State Zip Code  
CA 95630-2617

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED PER BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFF

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 20 / 2016

Transaction ID : SA11A.323432

Amount of Each Receipt this Period

500.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**C. MARJORIE KILPATRICK**

Mailing Address 2173 SPENCER ST

City  
LONGMONT

State Zip Code  
CO 80501-0995

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED PER BEST EFF

Occupation

INFORMATION REQUESTED PER BEST EFF

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 24 / 2016

Transaction ID : SA11A.327742

Amount of Each Receipt this Period

1000.00

☐ Memo Item

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1750.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
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(check only one)

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. GERALD KIMBLE**

Mailing Address P.O. BOX 1653

City  
WEAVERVILLEState  
NCZip Code  
28787-1653FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
06			22			2016			

Transaction ID : SA11A.325257

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**B. PAUL KINGSBURY**

Mailing Address P.O. BOX 849

City  
CRESTED BUTTEState  
COZip Code  
81224-0849FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
06			22			2016			

Transaction ID : SA11A.325216

Amount of Each Receipt this Period

500.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**C. JUSTIN REX KIPP**

Mailing Address P.O. BOX 250

City  
LORDSBURGState  
NMZip Code  
88045-0250FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
06			02			2016			

Transaction ID : SA11A.313434

Amount of Each Receipt this Period

500.00

☐ Memo Item

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶

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

1100.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
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(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. RAYMOND KISOR**

Mailing Address 3260 GREEN DOLPHIN LN

City  
NAPLESState  
FLZip Code  
34102-7918FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID : SA11A.324077

Amount of Each Receipt this Period

500.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**B. DWIGHT DEBBIE KNIGHT**

Mailing Address 11483 NE HIGHWAY 351

City  
OLD TOWNState  
FLZip Code  
32680-2979FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST  
EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID : SA11A.328464

Amount of Each Receipt this Period

1000.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**C. LOUIS P. KOCSIS**

Mailing Address 42 BLANCHARD RD

City  
EASTONState  
CTZip Code  
06612-1948FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

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

Transaction ID : SA11A.314913

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1600.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
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(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. LOUIS P. KOCSIS**

Mailing Address 42 BLANCHARD RD

City  
EASTONState  
CTZip Code  
06612-1948FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

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

Transaction ID : SA11A.316393

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**B. LOUIS P. KOCSIS**

Mailing Address 42 BLANCHARD RD

City  
EASTONState  
CTZip Code  
06612-1948FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
06			27			2016			

Transaction ID : SA11A.328508

Amount of Each Receipt this Period

35.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**C. LARRY KONCELIK**

Mailing Address 24 MILE HILL RD

City  
EAST HAMPTONState  
NYZip Code  
11937-5134FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
06			23			2016			

Transaction ID : SA11A.326603

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶

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

235.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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

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(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

## **A. FLOYD KOONTZ**

Mailing Address 5228 S ROVAN PT

City  
LECANTO

State Zip Code  
FL 34461-8348

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 22 / 2016

Transaction ID : SA11A.324472

Amount of Each Receipt this Period

500.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

## **B. LINDA KOVACH**

Mailing Address 916 GLENVILLE DR.

City  
CLAREMONT

State Zip Code  
CA 91711-1501

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

RETIRED

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

06 / 13 / 2016

Transaction ID : SA11A.319109

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

## **C. LINDA KOVACH**

Mailing Address 916 GLENVILLE DR.

City  
CLAREMONT

State Zip Code  
CA 91711-1501

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

RETIRED

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

06 / 20 / 2016

Transaction ID : SA11A.323539

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶

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

700.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. LINZIE KRAMER**

Mailing Address 136 SANTA FE CT

City	State	Zip Code
VACAVILLE	CA	95688-3558

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	17	/	2016

Transaction ID : SA11A.321900

Amount of Each Receipt this Period

200.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**B. MARK KRAMER**

Mailing Address 1219 MAYO RD

City	State	Zip Code
EDGEWATER	MD	21037-4508

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	09	/	2016

Transaction ID : SA11A.318353

Amount of Each Receipt this Period

200.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**C. MARK KRAMER**

Mailing Address 1219 MAYO RD

City	State	Zip Code
EDGEWATER	MD	21037-4508

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	30	/	2016

Transaction ID : SA11A.331656

Amount of Each Receipt this Period

200.00

☐ Memo Item

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

600.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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

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(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

## **A. MARSHALL KRAUS**

Mailing Address 4020 RIDING CLUB LN

City State Zip Code  
 SACRAMENTO CA 95864-1649

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST EFF

INFORMATION REQUESTED PER BEST EFF

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

06 / 29 / 2016

Transaction ID : SA11A.313343

Amount of Each Receipt this Period

1000.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

## **B. N.F KRAUS**

Mailing Address 4020 RIDING CLUB LN

City State Zip Code  
 SACRAMENTO CA 95864-1649

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST

INFORMATION REQUESTED PER BEST EFF

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

06 / 29 / 2016

Transaction ID : SA11A.313342

Amount of Each Receipt this Period

1000.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

## **C. COURTNEY KRENZ**

Mailing Address 5190 LAKESHORE DR.

City State Zip Code  
 LITTLETON CO 80123-1539

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST EFF

INFORMATION REQUESTED PER BEST EFF

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

06 / 22 / 2016

Transaction ID : SA11A.324944

Amount of Each Receipt this Period

1000.00

☐ Memo Item

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

3000.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

## **A. MILTON KROHN**

Mailing Address 15625 OCEAN WALK CIRCLE #213  
213

City State Zip Code  
FORT MYERS FL 33908-1357

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 23 / 2016

Transaction ID : SA11A.333333

Amount of Each Receipt this Period

50.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

## **B. TERRY KUNES**

Mailing Address 15824 W 143RD ST

City State Zip Code  
HOMER GLEN IL 60491-8593

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED PER BEST  
EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFF

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 16 / 2016

Transaction ID : SA11A.321594

Amount of Each Receipt this Period

500.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

## **C. NICHOLAS LABBADIA**

Mailing Address 576 STEELE RD

City State Zip Code  
NEW HARTFORD CT 06057-3102

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED PER BEST EFF

Occupation

INFORMATION REQUESTED PER BEST EFF

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 30 / 2016

Transaction ID : SA11A.332420

Amount of Each Receipt this Period

200.00

☐ Memo Item

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

750.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 140 OF 2173

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. EUGENE LAMOUREUX**

Mailing Address 3702 E GALVIN ST

City	State	Zip Code
CAVE CREEK	AZ	85331-9532

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST EFF

INFORMATION REQUESTED PER BEST EFF

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	28	/	2016

Transaction ID : SA11A.330005

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**B. EUGENE LAMOUREUX**

Mailing Address 3702 E GALVIN ST

City	State	Zip Code
CAVE CREEK	AZ	85331-9532

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST

INFORMATION REQUESTED PER BEST EFF

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	29	/	2016

Transaction ID : SA11A.330957

Amount of Each Receipt this Period

250.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**C. THOMAS LAMPHERE**

Mailing Address 2129 SUTTON PLACE

City	State	Zip Code
PLANO	TX	75093-4323

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

SELF

MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	29	/	2016

Transaction ID : SA11A.333462

Amount of Each Receipt this Period

10000.00

☐ Memo Item

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶

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

10350.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

**A. BARBARA LAWSON EVANS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 13188 MONROVIA ST  
 City HESPERIA State CA Zip Code 92344-5502  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFFC  
 Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 300.00

Date of Receipt

**06 / 08 / 2016**

**Transaction ID : SA11A.316754**

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

**B. EVA LAYTON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 809 BUNKER HILL DRIVE  
 809 BUNKER HILL DRIVE  
 City CARSON CITY State NV Zip Code 89703-  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 225.00

Date of Receipt

**06 / 20 / 2016**

**Transaction ID : SA11A.323192**

Amount of Each Receipt this Period

50.00

☐ Memo Item

CONTRIBUTION

**C. KAMAL LAZAR**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4305 MIDDLEBELT RD  
 City WEST BLOOMFIELD State MI Zip Code 48323-3222  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFFC  
 Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt

**06 / 21 / 2016**

**Transaction ID : SA11A.324259**

Amount of Each Receipt this Period

500.00

☐ Memo Item

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

650.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 142 OF 2173  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONNA LEAHY**

Mailing Address 34175 SW PEAKS VIEW DR.

City	State	Zip Code
HILLSBORO	OR	97123-9055

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST EFF

INFORMATION REQUESTED PER BEST EFF

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	29	/	2016

Transaction ID : SA11A.330517

Amount of Each Receipt this Period

400.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**B. STACY LEAL**

Mailing Address 151 EMERRITT AVE

City	State	Zip Code
TULARE	CA	93274-1909

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST

INFORMATION REQUESTED PER BEST EFF

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	29	/	2016

Transaction ID : SA11A.330714

Amount of Each Receipt this Period

500.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**C. WERNER LECHNER**

Mailing Address 2311 N CAMINO CASCABEL

City	State	Zip Code
TUCSON	AZ	85749-9323

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST EFF

INFORMATION REQUESTED PER BEST EFF

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	29	/	2016

Transaction ID : SA11A.330747

Amount of Each Receipt this Period

250.00

☐ Memo Item

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1150.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 143 OF 2173

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. ALBERT LEDFORD**

Mailing Address 6678 PAXTON GUINEA RD

City  
 LOVELAND

State Zip Code  
 OH 45140-8171

FEC ID number of contributing  
 federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 13 / 2016

Transaction ID : SA11A.319042

Amount of Each Receipt this Period

300.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**B. CATHERINE LEE**

Mailing Address 4310 JOE MILLER RD

City  
 MALAGA

State Zip Code  
 WA 98828-9760

FEC ID number of contributing  
 federal political committee.

C

Name of Employer

AMG AKUMINUM

Occupation

MDINISTRATIVE ASSIST.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 13 / 2016

Transaction ID : SA11A.319613

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**C. JACK LENTZ**

Mailing Address 4343 MAYAPAN DR.

City  
 LA MESA

State Zip Code  
 CA 91941-7141

FEC ID number of contributing  
 federal political committee.

C

Name of Employer

INFORMATION REQUESTED PER BEST EFF

Occupation

INFORMATION REQUESTED PER BEST EFF

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 21 / 2016

Transaction ID : SA11A.323832

Amount of Each Receipt this Period

250.00

☐ Memo Item

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

650.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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

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(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

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

Mailing Address **3437 VIA. LOMA VISTA**

City **ESCONDIDO** State **CA** Zip Code **92029-7724**

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

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
**900.00**

Date of Receipt

**06 / 16 / 2016**

**Transaction ID : SA11A.332775**

Amount of Each Receipt this Period

**400.00**

☐ Memo Item

CONTRIBUTION

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

Mailing Address **10681 HIGHWAY 73**

City **KEENE** State **ND** Zip Code **58847-9460**

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

Name of Employer **INFORMATION REQUESTED PER BEST EFFORTS** Occupation **INFORMATION REQUESTED PER BEST EFF**

Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
**400.00**

Date of Receipt

**06 / 09 / 2016**

**Transaction ID : SA11A.318163**

Amount of Each Receipt this Period

**400.00**

☐ Memo Item

CONTRIBUTION

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

Mailing Address **2950 LUCAS TPKE**

City **ACCORD** State **NY** Zip Code **12404-5611**

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

Name of Employer **INFORMATION REQUESTED PER BEST EFF** Occupation **INFORMATION REQUESTED PER BEST EFF**

Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
**500.00**

Date of Receipt

**06 / 23 / 2016**

**Transaction ID : SA11A.326023**

Amount of Each Receipt this Period

**500.00**

☐ Memo Item

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

**1300.00**



# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 145 OF 2173

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. SHIMON LEVY**

Mailing Address 820 E COCO PLUM CIR

City State Zip Code  
FORT LAUDERDALE FL 33324-3706

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 24 / 2016

Transaction ID : SA11A.327445

Amount of Each Receipt this Period

2000.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**B. BOBBY LEWALLEN**

Mailing Address 131 FOX LEDGE LN

City State Zip Code  
MOUNT AIRY NC 27030-1929

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 21 / 2016

Transaction ID : SA11A.323909

Amount of Each Receipt this Period

500.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**C. DAVID LIES**

Mailing Address 1900 KINGSWAY DR. S

City State Zip Code  
AURORA IL 60506-5216

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 27 / 2016

Transaction ID : SA11A.329095

Amount of Each Receipt this Period

400.00

☐ Memo Item

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶

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

2900.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 146 OF 2173

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**Full Name (Last, First, Middle Initial)  
**A. DOUGLAS LINDER**

Mailing Address 1018 WILLOWVALE DR.

City	State	Zip Code
SEABROOK	TX	77586-4010

FEC ID number of contributing  
federal political committee.

C

Name of Employer

KIPP HOUSTON

Occupation

FINANCE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
06			20			2016					

Transaction ID : SA11A.333101

Amount of Each Receipt this Period

5000.00

☐ Memo Item

CONTRIBUTION

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

Mailing Address P.O. BOX 1456

City	State	Zip Code
ALTO	NM	88312-1456

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED PER BEST  
EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFF

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
06			23			2016					

Transaction ID : SA11A.326014

Amount of Each Receipt this Period

200.00

☐ Memo Item

CONTRIBUTION

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

Mailing Address 3804 CLUB ESTATES DR.

City	State	Zip Code
MUSKOGEE	OK	74403-1751

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED PER BEST EFF

Occupation

INFORMATION REQUESTED PER BEST EFF

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
06			16			2016					

Transaction ID : SA11A.321319

Amount of Each Receipt this Period

250.00

☐ Memo Item

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

5450.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

## **A. DONALD LOTT**

Mailing Address 17 JASPER LN

City  
BEAUFORT

State Zip Code  
SC 29907-1917

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

06 / 13 / 2016

Transaction ID : SA11A.319617

Amount of Each Receipt this Period

150.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

## **B. CLARA LOVELL**

Mailing Address P.O. BOX 158

City  
EGYPT

State Zip Code  
TX 77436-0158

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

06 / 14 / 2016

Transaction ID : SA11A.320005

Amount of Each Receipt this Period

5000.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

## **C. JEFFREY LUBELL**

Mailing Address 3644 SERRA RD.

City  
MALIBU

State Zip Code  
CA 90265-4917

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

RETIRED

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 10 / 2016

Transaction ID : SA11A.317680

Amount of Each Receipt this Period

500.00

☐ Memo Item

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

5650.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

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

Mailing Address 5500 WILLIAMSBURG LANDING DRIVE AP

City WILLIAMSBURG	State VA	Zip Code 23185-8076
----------------------	-------------	------------------------

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

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
0.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 15 / 2016

Transaction ID : SA11A.333040

Amount of Each Receipt this Period

2500.00

☐ Memo Item

CONTRIBUTION

REFUNDED \$2,500.00 ON 06/23/2016

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

Mailing Address 402 BIG SPRING BLVD

City PERRYVILLE	State MO	Zip Code 63775-2883
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FEC ID number of contributing federal political committee. **C**

Name of Employer INFORMATION REQUESTED PER BEST EFFORTS	Occupation INFORMATION REQUESTED PER BEST EFF
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Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
285.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 23 / 2016

Transaction ID : SA11A.325524

Amount of Each Receipt this Period

50.00

☐ Memo Item

CONTRIBUTION

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

Mailing Address 807 E TRAP CLUB RD

City JACKSON	State WY	Zip Code 83001-7700
-----------------	-------------	------------------------

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

Name of Employer SELF	Occupation BUSINESS WOMAN
--------------------------	------------------------------

Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 30 / 2016

Transaction ID : SA11A.331479

Amount of Each Receipt this Period

1000.00

☐ Memo Item

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

3550.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. GARY LYONS**

Mailing Address P.O. BOX 370

City  
WILLARDState  
MOZip Code  
65781-0370FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		24		2016

Transaction ID : SA11A.327530

Amount of Each Receipt this Period

500.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**B. SUSAN LYRLA**

Mailing Address 41350 CARLOTTA DR.

City  
PALM DESERTState  
CAZip Code  
92211-3264FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST  
EFFORTSINFORMATION REQUESTED PER BEST  
EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		28		2016

Transaction ID : SA11A.329986

Amount of Each Receipt this Period

500.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**C. JOHN MAGWOOD**

Mailing Address 762 ATLANTIC ST

City  
MOUNT PLEASANTState  
SCZip Code  
29464-4466FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		20		2016

Transaction ID : SA11A.323524

Amount of Each Receipt this Period

150.00

☐ Memo Item

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1150.00

**SCHEDULE A (FEC Form 3X)**  
**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 checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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 NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial) <b>A. MARILYN MAJEWSKI</b>	
Mailing Address <b>4845 JEREMIAH RD</b>	
City <b>COOKEVILLE</b>	State <b>TN</b>
Zip Code <b>38506-8746</b>	
FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer <b>INFORMATION REQUESTED PER BEST EFFORTS</b>	Occupation <b>INFORMATION REQUESTED PER BEST EFFORTS</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>450.00</b>

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	13	/	2016

**Transaction ID : SA11A.319644**

Amount of Each Receipt this Period

<b>100.00</b>
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☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial) <b>B. JOHN MALE</b>	
Mailing Address <b>8885 ANTELOPE RUN</b>	
City <b>NOVELTY</b>	State <b>OH</b>
Zip Code <b>44072-9604</b>	
FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer <b>INFORMATION REQUESTED PER BEST EFFORTS</b>	Occupation <b>INFORMATION REQUESTED PER BEST EFFORTS</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>500.00</b>

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	29	/	2016

**Transaction ID : SA11A.330954**

Amount of Each Receipt this Period

<b>500.00</b>
---------------

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial) <b>C. LESLIE MALLINSON</b>	
Mailing Address <b>1722 TIMBERWOOD TRCE</b>	
City <b>MONTEAGLE</b>	State <b>TN</b>
Zip Code <b>37356-7618</b>	
FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer <b>INFORMATION REQUESTED PER BEST EFFORTS</b>	Occupation <b>INFORMATION REQUESTED PER BEST EFFORTS</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>225.00</b>

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	23	/	2016

**Transaction ID : SA11A.326580**

Amount of Each Receipt this Period

<b>100.00</b>
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☐ Memo Item

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

<b>700.00</b>
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# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. JIMMIE MALOY**

Mailing Address P.O. BOX 987

City  
 LULING

State  
 TX

Zip Code  
 78648-0987

FEC ID number of contributing  
 federal political committee.

C

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST EFFC

INFORMATION REQUESTED PER BEST EFF

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 06 / 08 / 2016

Transaction ID : SA11A.317153

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**B. EVELYN MALPASS**

Mailing Address 21330 N. COBURG ROAD

City

HARRISBURG

State

OR

Zip Code

97446-9747

FEC ID number of contributing  
 federal political committee.

C

Name of Employer

Occupation

RETIRED

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 06 / 10 / 2016

Transaction ID : SA11A.332936

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**C. ROGER MANN**

Mailing Address 10312 W MORGAN CT

City

CASA GRANDE

State

AZ

Zip Code

85194-7099

FEC ID number of contributing  
 federal political committee.

C

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST EFFC

INFORMATION REQUESTED PER BEST EFF

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 06 / 23 / 2016

Transaction ID : SA11A.326360

Amount of Each Receipt this Period

300.00

☐ Memo Item

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

500.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

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

Mailing Address **7 SAWMILL WAY**

City **FLEMINGTON** State **NJ** Zip Code **08822-4518**

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

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼ **225.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	13	/	2016

**Transaction ID : SA11A.319241**

Amount of Each Receipt this Period

25.00
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☐ Memo Item

CONTRIBUTION

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

Mailing Address **7 SAWMILL WAY**

City **FLEMINGTON** State **NJ** Zip Code **08822-4518**

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

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼ **225.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	22	/	2016

**Transaction ID : SA11A.325249**

Amount of Each Receipt this Period

100.00
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☐ Memo Item

CONTRIBUTION

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

Mailing Address **4920 E SUNNYSLOPE RD**

City **EDINA** State **MN** Zip Code **55424-1175**

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

Name of Employer **INFORMATION REQUESTED PER BEST EFF** Occupation **INFORMATION REQUESTED PER BEST EFF**

Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	30	/	2016

**Transaction ID : SA11A.332417**

Amount of Each Receipt this Period

500.00
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☐ Memo Item

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

625.00
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**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DIANNE MARTIN**

Mailing Address 2797 N AIRPORT RD

City  
BEEVILLEState  
TXZip Code  
78102-2741FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	21	/	2016

Transaction ID : SA11A.323998

Amount of Each Receipt this Period

250.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**B. DOLORES MARTINEZ**

Mailing Address P.O. BOX 737

City  
VALLEY CENTERState  
CAZip Code  
92082-0737FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	24	/	2016

Transaction ID : SA11A.327909

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**C. RALPH MARTIN**

Mailing Address 330 EDGEWOOD DR.

City  
HILLSVILLEState  
VAZip Code  
24343-1227FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	09	/	2016

Transaction ID : SA11A.318180

Amount of Each Receipt this Period

250.00

☐ Memo Item

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

600.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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

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(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

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

Mailing Address 1423 W 210 S

City State Zip Code  
 VERNAL UT 84078-2217

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

Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF

Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
 500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 08 / 2016

Transaction ID : SA11A.316608

Amount of Each Receipt this Period

500.00

☐ Memo Item

CONTRIBUTION

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

Mailing Address 700 RUSKIN DR.

City State Zip Code  
 ELK GROVE VILLAGE IL 60007-3359

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

Name of Employer Occupation  
 ALEXIAN BROTHERS PHYSICIAN

Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
 500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 27 / 2016

Transaction ID : SA11A.333413

Amount of Each Receipt this Period

500.00

☐ Memo Item

CONTRIBUTION

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

Mailing Address 6000 RIVERSIDE DR.  
 APT A109

City State Zip Code  
 DUBLIN OH 43017-5407

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

Name of Employer Occupation  
 RETIRED RETIRED

Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
 400.00

Date of Receipt

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

Transaction ID : SA11A.314817

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

1100.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. ESTHER MASSIE**

Mailing Address 6000 RIVERSIDE DR.  
 APT A109

City State Zip Code  
 DUBLIN OH 43017-5407

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2016

Transaction ID : SA11A.331580

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**B. GROVER MATHEWS**

Mailing Address 584 S CHUCKY PIKE

City State Zip Code  
 TALBOTT TN 37877-3830

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED PER BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFF

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 13 / 2016

Transaction ID : SA11A.319321

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**C. LINDA MATTINGLY**

Mailing Address 2777 W 150 N

City State Zip Code  
 WASHINGTON IN 47501-9253

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED PER BEST EFF

Occupation

INFORMATION REQUESTED PER BEST EFF

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 09 / 2016

Transaction ID : SA11A.318396

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

300.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**Full Name (Last, First, Middle Initial)  
**A. TERESA MATTINGLY-CLOUSE**

Mailing Address 14778 US HWY 277 SOUTH

City	State	Zip Code
SAN ANGELO	TX	76904-4261

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	18	/	2016

Transaction ID : SA11A.333081

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

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

Mailing Address 1032 WARM SPRINGS CREEK RD

City	State	Zip Code
GARRISON	MT	59731-9544

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED PER BEST  
EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFF

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	22	/	2016

Transaction ID : SA11A.324603

Amount of Each Receipt this Period

250.00

☐ Memo Item

CONTRIBUTION

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

Mailing Address P.O. BOX 615

City	State	Zip Code
BRIDGEPORT	CA	93517-0615

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED PER BEST EFF

Occupation

INFORMATION REQUESTED PER BEST EFF

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	24	/	2016

Transaction ID : SA11A.327314

Amount of Each Receipt this Period

300.00

☐ Memo Item

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

650.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

**A. THOMAS MCALPIENE**

Full Name (Last, First, Middle Initial)  
Mailing Address 254 BORDER DR. E

City MOBILE State AL Zip Code 36608-2752

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

Name of Employer Occupation  
INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF

Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	02	/	2016

**Transaction ID : SA11A.313355**

Amount of Each Receipt this Period

500.00

☐ Memo Item

CONTRIBUTION

**B. DAVID MCCLURE**

Full Name (Last, First, Middle Initial)  
Mailing Address 26056 S. GOUGAR DRIVE

City MANHATTAN State IL Zip Code 60442-9229

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

Name of Employer Occupation  
INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF

Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	27	/	2016

**Transaction ID : SA11A.313338**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

CONTRIBUTION

**C. KATHERYN MCCORMICK**

Full Name (Last, First, Middle Initial)  
Mailing Address 979 CLEARVIEW RD

City NOTASULGA State AL Zip Code 36866-4307

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

Name of Employer Occupation  
INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF

Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	24	/	2016

**Transaction ID : SA11A.327521**

Amount of Each Receipt this Period

300.00

☐ Memo Item

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶**TOTAL** This Period (last page this line number only)..... ▶

1800.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 158 OF 2173

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. MARLIN MCCOY**

Mailing Address 151 MCCOY RD

City  
RINGGOLD

State Zip Code  
LA 71068-3427

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

335.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 20 / 2016

Transaction ID : SA11A.323583

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**B. DONALD MCCUNE**

Mailing Address 1038 WATTS CHAPEL RD

City  
KENNA

State Zip Code  
WV 25248-7288

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 22 / 2016

Transaction ID : SA11A.325222

Amount of Each Receipt this Period

500.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**C. WILLIAM MCGEE**

Mailing Address 1260 DELMAR LN

City  
NAPLES

State Zip Code  
FL 34104-4233

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 27 / 2016

Transaction ID : SA11A.328959

Amount of Each Receipt this Period

500.00

☐ Memo Item

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1100.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 159 OF 2173  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**Full Name (Last, First, Middle Initial)  
**A. THOMAS MCINNIS**Mailing Address **444 THOMAS PLACE**

City	State	Zip Code
WEST END	NC	27376-9324

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

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	30	/	2016

Transaction ID : **SA11A.333550**

Amount of Each Receipt this Period

750.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MARLENE MCKAY**Mailing Address **45 CANTON AVE**

City	State	Zip Code
WASHINGTON	PA	15301-5506

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

Name of Employer

INFORMATION REQUESTED PER BEST  
EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFF

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	27	/	2016

Transaction ID : **SA11A.328551**

Amount of Each Receipt this Period

200.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. RICHARD MCKENNA**Mailing Address **1833 MAGNOLIA DR.**

City	State	Zip Code
CLEARWATER	FL	33764-4610

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

Name of Employer

INFORMATION REQUESTED PER BEST EFF

Occupation

INFORMATION REQUESTED PER BEST EFF

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	23	/	2016

Transaction ID : **SA11A.326036**

Amount of Each Receipt this Period

500.00

☐ Memo Item

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1450.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 160 OF 2173

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

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

Mailing Address **8425 BRETON AVE SE**

City **CALEDONIA** State **MI** Zip Code **49316-8363**

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

Name of Employer **INFORMATION REQUESTED PER BEST EFFORTS** Occupation **INFORMATION REQUESTED PER BEST EFFORTS**

Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	08	/	2016

**Transaction ID : SA11A.317155**

Amount of Each Receipt this Period

100.00
--------

☐ Memo Item

CONTRIBUTION

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

Mailing Address **11338 E MANZANITA TRL**

City **DEWEY** State **AZ** Zip Code **86327-5511**

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

Name of Employer **INFORMATION REQUESTED PER BEST EFFORTS** Occupation **INFORMATION REQUESTED PER BEST EFFORTS**

Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	10	/	2016

**Transaction ID : SA11A.317349**

Amount of Each Receipt this Period

100.00
--------

☐ Memo Item

CONTRIBUTION

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

Mailing Address **11338 E MANZANITA TRL**

City **DEWEY** State **AZ** Zip Code **86327-5511**

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

Name of Employer **INFORMATION REQUESTED PER BEST EFFORTS** Occupation **INFORMATION REQUESTED PER BEST EFFORTS**

Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	29	/	2016

**Transaction ID : SA11A.331235**

Amount of Each Receipt this Period

100.00
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☐ Memo Item

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶**TOTAL** This Period (last page this line number only)..... ▶

300.00
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# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

PAGE 161 OF 2173

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

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

Mailing Address 11338 E MANZANITA TRL

City State Zip Code  
DEWEY AZ 86327-5511

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

Name of Employer Occupation  
INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF

Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 29 / 2016

Transaction ID : SA11A.331236

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

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

Mailing Address 11338 E MANZANITA TRL

City State Zip Code  
DEWEY AZ 86327-5511

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

Name of Employer Occupation  
INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF

Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 30 / 2016

Transaction ID : SA11A.332465

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

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

Mailing Address 3698 HIGHWAY M

City State Zip Code  
MAYWOOD MO 63454-2104

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

Name of Employer Occupation  
INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF

Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 28 / 2016

Transaction ID : SA11A.330040

Amount of Each Receipt this Period

250.00

☐ Memo Item

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

450.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 162 OF 2173

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. ROBERT MCQUEEN**

Mailing Address 4 MYNAH DR.

City	State	Zip Code
AMELIA	OH	45102-1780

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST EFFC

INFORMATION REQUESTED PER BEST EFF

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID : SA11A.315241

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**B. BONNIE MCQUISTON**

Mailing Address 14 ALLIGATOR COVE

City	State	Zip Code
SANTA ROSA BEACH	FL	32459-5744

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

PMMR INC.

BUSINESS OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	10	/	2016

Transaction ID : SA11A.332918

Amount of Each Receipt this Period

500.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**C. YOLANDA MEDINA**

Mailing Address 1353 BLACK SAGE CIR

City	State	Zip Code
NIPOMO	CA	93444-9318

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST EFFC

INFORMATION REQUESTED PER BEST EFF

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	02	/	2016

Transaction ID : SA11A.313473

Amount of Each Receipt this Period

200.00

☐ Memo Item

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

800.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 163 OF 2173

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. CURT MEIER**

Mailing Address 4721 ROAD 18

City  
 LAGRANGE

State Zip Code  
 WY 82221-8410

FEC ID number of contributing  
 federal political committee.

C

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 23 / 2016

Transaction ID : SA11A.326129

Amount of Each Receipt this Period

1000.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**B. MARTIN MELTNER**

Mailing Address 10953 WAR ADMIRAL DR.

City  
 UNION

State Zip Code  
 KY 41091-7739

FEC ID number of contributing  
 federal political committee.

C

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

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

Transaction ID : SA11A.315180

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**C. JOHN MENGEL**

Mailing Address 1392 HIGHWAY 400 S

City  
 DAWSONVILLE

State Zip Code  
 GA 30534-6863

FEC ID number of contributing  
 federal political committee.

C

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 23 / 2016

Transaction ID : SA11A.326610

Amount of Each Receipt this Period

150.00

☐ Memo Item

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1250.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 164 OF 2173

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. AFSA MEREDITH**

Mailing Address 3726 N BRAESWOOD BLVD

City  
HOUSTONState  
TXZip Code  
77025-3104FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID : SA11A.332473

Amount of Each Receipt this Period

250.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**B. JOHN METZGER**

Mailing Address 14850 HIGHWAY FF

City  
VICHYState  
MOZip Code  
65580-7104FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

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

Transaction ID : SA11A.325261

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**C. BARBARA MILLER**

Mailing Address 116 LOGUE HILL RD

City  
MUNCY VALLEYState  
PAZip Code  
17758-9560FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID : SA11A.320346

Amount of Each Receipt this Period

500.00

☐ Memo Item

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

850.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 165 OF 2173  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

<b>A. PAUL MILLER</b> Full Name (Last, First, Middle Initial) Mailing Address 410 N POWELL CT City VISALIA State CA Zip Code 93291-4219 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer RETIRED Occupation RETIRED Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 10 / 2016 <b>Transaction ID : SA11A.317773</b> Amount of Each Receipt this Period 500.00 <input type="checkbox"/> Memo Item CONTRIBUTION
<b>B. SID MILLS</b> Full Name (Last, First, Middle Initial) Mailing Address 320 ACACIA City GOODLAND State KS Zip Code 67735-1525 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer SELF Occupation RET. Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 13 / 2016 <b>Transaction ID : SA11A.332985</b> Amount of Each Receipt this Period 500.00 <input type="checkbox"/> Memo Item CONTRIBUTION
<b>C. WILFRED MIRANDA</b> Full Name (Last, First, Middle Initial) Mailing Address 61 N BOUNTY LN City KEY LARGO State FL Zip Code 33037-2304 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer INFORMATION REQUESTED PER BEST EFF Occupation INFORMATION REQUESTED PER BEST EFF Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 375.00		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 06 / 2016 <b>Transaction ID : SA11A.315189</b> Amount of Each Receipt this Period 100.00 <input type="checkbox"/> Memo Item CONTRIBUTION
<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶		1100.00
<b>TOTAL</b> This Period (last page this line number only)..... ▶		

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 166 OF 2173

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

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

Mailing Address **5634 LEUMAS RD**

City **CINCINNATI** State **OH** Zip Code **45239-7256**

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

Name of Employer **INFORMATION REQUESTED PER BEST EFFORTS** Occupation **INFORMATION REQUESTED PER BEST EFFORTS**

Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	02	/	2016

**Transaction ID : SA11A.313353**

Amount of Each Receipt this Period

500.00
--------

☐ Memo Item

CONTRIBUTION

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

Mailing Address **941 SAND DOLLAR CT**

City **FORT MYERS** State **FL** Zip Code **33908-1622**

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

Name of Employer **INFORMATION REQUESTED PER BEST EFFORTS** Occupation **INFORMATION REQUESTED PER BEST EFFORTS**

Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	14	/	2016

**Transaction ID : SA11A.320048**

Amount of Each Receipt this Period

250.00
--------

☐ Memo Item

CONTRIBUTION

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

Mailing Address **P.O. BOX 528**

City **HELENDALE** State **CA** Zip Code **92342-0528**

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

Name of Employer **INFORMATION REQUESTED PER BEST EFFORTS** Occupation **INFORMATION REQUESTED PER BEST EFFORTS**

Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	20	/	2016

**Transaction ID : SA11A.323308**

Amount of Each Receipt this Period

50.00
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☐ Memo Item

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶**TOTAL** This Period (last page this line number only)..... ▶

800.00
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# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 167 OF 2173

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial) <b>A. MARILYN MITSCH</b>			Date of Receipt <div> <div>M M / D D / Y Y Y Y Y</div> <div>06 / 03 / 2016</div> </div>	
Mailing Address <b>4 CHARLEY LAKE COURT</b>			<b>Transaction ID : SA11A.314138</b>	
City <b>SAINT PAUL</b>	State <b>MN</b>	Zip Code <b>55127-</b>	Amount of Each Receipt this Period <div> <div>200.00</div> </div>	
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Memo Item		
Name of Employer <b>RETIRED</b>		Occupation <b>RETIRED</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <div> <div>300.00</div> </div>		
			<b>CONTRIBUTION</b>	

Full Name (Last, First, Middle Initial) <b>B. RONALD MITSCH</b>			Date of Receipt <div> <div>M M / D D / Y Y Y Y Y</div> <div>06 / 23 / 2016</div> </div>	
Mailing Address <b>4 CHARLEY LAKE CT</b>			<b>Transaction ID : SA11A.325562</b>	
City <b>SAINT PAUL</b>	State <b>MN</b>	Zip Code <b>55127-6219</b>	Amount of Each Receipt this Period <div> <div>500.00</div> </div>	
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Memo Item		
Name of Employer <b>RETIRED</b>		Occupation <b>RETIRED</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <div> <div>1000.00</div> </div>		
			<b>CONTRIBUTION</b>	

Full Name (Last, First, Middle Initial) <b>C. RICHARD MORAN</b>			Date of Receipt <div> <div>M M / D D / Y Y Y Y Y</div> <div>06 / 13 / 2016</div> </div>	
Mailing Address <b>618 PARKVIEW DR.</b>			<b>Transaction ID : SA11A.318821</b>	
City <b>STEAMBOAT SPR</b>	State <b>CO</b>	Zip Code <b>80487-3132</b>	Amount of Each Receipt this Period <div> <div>250.00</div> </div>	
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Memo Item		
Name of Employer <b>RETIRED</b>		Occupation <b>RETIRED</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <div> <div>350.00</div> </div>		
			<b>CONTRIBUTION</b>	

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

950.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

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

Mailing Address **618 PARKVIEW DR.**

City State Zip Code  
**STEAMBOAT SPR CO 80487-3132**

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

Name of Employer Occupation  
**RETIRED RETIRED**

Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
**350.00**

Date of Receipt

**06 / 20 / 2016**

**Transaction ID : SA11A.322687**

Amount of Each Receipt this Period

**100.00**

☐ Memo Item

CONTRIBUTION

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

Mailing Address **706 CLEAR SPRING COVE**

City State Zip Code  
**ROUND ROCK TX 78665-5646**

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

Name of Employer Occupation  
**BAER ENGINEERING ENGINEER**

Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
**300.00**

Date of Receipt

**06 / 30 / 2016**

**Transaction ID : SA11A.333519**

Amount of Each Receipt this Period

**250.00**

☐ Memo Item

CONTRIBUTION

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

Mailing Address **21 SHACKLEFORD DRIVE**

City State Zip Code  
**ASHEVILLE NC 28806-9534**

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

Name of Employer Occupation  
**INFORMATION REQUESTED PER BEST EFF INFORMATION REQUESTED PER BEST EFF**

Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
**500.00**

Date of Receipt

**06 / 27 / 2016**

**Transaction ID : SA11A.313337**

Amount of Each Receipt this Period

**500.00**

☐ Memo Item

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

**850.00**



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 169 OF 2173

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. GLENN MORRIS**

Mailing Address 1192 CUMBERLAND RD.

City	State	Zip Code
CHATTANOOGA	TN	37419-1006

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
M&M INDUSTRIES INC.Occupation  
MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		27		2016

Transaction ID : SA11A.333412

Amount of Each Receipt this Period

5000.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**B. JOHN MORRIS**

Mailing Address 1333 BUTLER ST

City	State	Zip Code
OXFORD	AL	36203-1304

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER BEST  
EFFORTSOccupation  
INFORMATION REQUESTED PER BEST EFF

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		28		2016

Transaction ID : SA11A.330233

Amount of Each Receipt this Period

1000.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**C. CHARLES MOULTHROP**

Mailing Address 201 GIRARD AVE

City	State	Zip Code
DOTHAN	AL	36303-3834

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER BEST EFFOccupation  
INFORMATION REQUESTED PER BEST EFF

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		20		2016

Transaction ID : SA11A.323414

Amount of Each Receipt this Period

250.00

☐ Memo Item

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

6250.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 170 OF 2173  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. LYNNE MOYSE**

Mailing Address P.O. BOX 191

City  
BLACK EAGLEState Zip Code  
MT 59414-0191FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST EFFC

INFORMATION REQUESTED PER BEST EFF

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
06			24			2016			

Transaction ID : SA11A.327888

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**B. JOHN MULHALL**

Mailing Address 5222 25TH LN NW

City  
OLYMPIAState Zip Code  
WA 98502-1589FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

RETIRED

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
06			24			2016			

Transaction ID : SA11A.327989

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**C. KIM MURPHY**Mailing Address 4507 JOHN STOCKBAUER DR.  
TRLR 14City  
VICTORIAState Zip Code  
TX 77904-1939FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST EFFC

INFORMATION REQUESTED PER BEST EFF

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
06			27			2016			

Transaction ID : SA11A.329288

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

300.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 171 OF 2173

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC****A. THOS MURPHY**  
Full Name (Last, First, Middle Initial)

Mailing Address 2634 COUNTY ROAD 57 N

City	State	Zip Code
ABBEVILLE	AL	36310-6300

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST EFFC

INFORMATION REQUESTED PER BEST EFF

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	28	/	2016

Transaction ID : SA11A.329526

Amount of Each Receipt this Period

400.00

☐ Memo Item

CONTRIBUTION

**B. PATRICIA MURRAY-ZARZOUR**  
Full Name (Last, First, Middle Initial)

Mailing Address 1002 FEATHERSTON CT

City	State	Zip Code
FREDERICKSBURG	VA	22401-4462

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

SELF

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	18	/	2016

Transaction ID : SA11A.333092

Amount of Each Receipt this Period

500.00

☐ Memo Item

CONTRIBUTION

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

Mailing Address P.O. BOX 484

City	State	Zip Code
LILLIAN	AL	36549-0484

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST EFFC

INFORMATION REQUESTED PER BEST EFF

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	27	/	2016

Transaction ID : SA11A.328613

Amount of Each Receipt this Period

500.00

☐ Memo Item

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1400.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

## **A. ALICE NELSON**

Mailing Address 17 TRAILER PARK RD

City  
 WOODSVILLE

State  
 NH

Zip Code  
 03785-1334

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

925.00

Date of Receipt

06 / 17 / 2016

Transaction ID : SA11A.322359

Amount of Each Receipt this Period

25.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

## **B. KATHLEEN NEWHOUSE**

Mailing Address 2495 VERN DR.

City  
 FALLBROOK

State  
 CA

Zip Code  
 92028-8801

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST  
EFFORTS

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

06 / 21 / 2016

Transaction ID : SA11A.323916

Amount of Each Receipt this Period

300.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

## **C. DENNIS NEWMAN**

Mailing Address 2500 STAFFORD ROAD

City  
 WESTLAKE VILLAGE

State  
 CA

Zip Code  
 91361-

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

SELF

BUSINESS OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

06 / 30 / 2016

Transaction ID : SA11A.331443

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

425.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. RONALD NEWMAN**

Mailing Address 2507 MIDLAND PARK RD

City  
 CHARLESTON

State Zip Code  
 SC 29406-4548

FEC ID number of contributing  
 federal political committee.

C

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST EFFC

INFORMATION REQUESTED PER BEST EFF

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 15 / 2016

Transaction ID : SA11A.320940

Amount of Each Receipt this Period

250.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**B. PHYLLIS W. NICHOLAS**

Mailing Address 40 HOWARD ROAD

City  
 GREENWICH

State Zip Code  
 CT 06831-3104

FEC ID number of contributing  
 federal political committee.

C

Name of Employer

Occupation

RETIRED

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 28 / 2016

Transaction ID : SA11A.333438

Amount of Each Receipt this Period

200.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**C. THOMAS NICHOLS**

Mailing Address 9110 DOUBLE DIAMOND PKWY

City  
 RENO

State Zip Code  
 NV 89521-4842

FEC ID number of contributing  
 federal political committee.

C

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST EFFC

INFORMATION REQUESTED PER BEST EFF

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 23 / 2016

Transaction ID : SA11A.326509

Amount of Each Receipt this Period

500.00

☐ Memo Item

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

950.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 174 OF 2173

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

## **A. RALPH NIEVES**

Mailing Address **77 FULTON STREET**  
**APT 17H**

City State Zip Code  
**NEW YORK NY 10038-1829**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**RETIRED**

Occupation

**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**260.00**

Date of Receipt

**06 / 07 / 2016**

**Transaction ID : SA11A.315930**

Amount of Each Receipt this Period

**50.00**

☐ Memo Item

**CONTRIBUTION**

Full Name (Last, First, Middle Initial)

## **B. RALPH NIEVES**

Mailing Address **77 FULTON STREET**  
**APT 17H**

City State Zip Code  
**NEW YORK NY 10038-1829**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**RETIRED**

Occupation

**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**260.00**

Date of Receipt

**06 / 22 / 2016**

**Transaction ID : SA11A.333278**

Amount of Each Receipt this Period

**100.00**

☐ Memo Item

**CONTRIBUTION**

Full Name (Last, First, Middle Initial)

## **C. RALPH NIEVES**

Mailing Address **77 FULTON STREET**  
**APT 17H**

City State Zip Code  
**NEW YORK NY 10038-1829**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**RETIRED**

Occupation

**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**260.00**

Date of Receipt

**06 / 29 / 2016**

**Transaction ID : SA11A.333473**

Amount of Each Receipt this Period

**10.00**

☐ Memo Item

**CONTRIBUTION**

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

**160.00**

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 175 OF 2173  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. NO NO**

Mailing Address 123 MAIN

City	State	Zip Code
MACOMB	IL	61455-

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	24	/	2016

Transaction ID : SA11A.327465

Amount of Each Receipt this Period

500.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**B. MARGARET E NORMAN**

Mailing Address 21 FLYNN TRAIL

City	State	Zip Code
TAFT	TN	38488-5270

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

MARGARET E NORMAN EA

ACCOUNTING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	24	/	2016

Transaction ID : SA11A.333351

Amount of Each Receipt this Period

250.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**C. DONALD NORWOOD**

Mailing Address 3224 BROOKRIDGE RD

City	State	Zip Code
DUARTE	CA	91010-1661

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

RETIRED

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	10	/	2016

Transaction ID : SA11A.317774

Amount of Each Receipt this Period

500.00

☐ Memo Item

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶

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

1250.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

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

Mailing Address 11 HARROGATE TER

City State Zip Code  
 PUEBLO CO 81001-1723

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

06 / 06 / 2016

Transaction ID : SA11A.315243

Amount of Each Receipt this Period

150.00

☐ Memo Item

CONTRIBUTION

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

Mailing Address 11 HARROGATE TER

City State Zip Code  
 PUEBLO CO 81001-1723

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

06 / 13 / 2016

Transaction ID : SA11A.319610

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

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

Mailing Address 11 HARROGATE TER

City State Zip Code  
 PUEBLO CO 81001-1723

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

06 / 22 / 2016

Transaction ID : SA11A.324743

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

350.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. PETER OHM**

Mailing Address 7263 E REALTY RD.

City	State	Zip Code
LODI	CA	95240-9503

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	10	/	2016

Transaction ID : SA11A.317679

Amount of Each Receipt this Period

400.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**B. PATRICIA OLMSCHIED**

Mailing Address 6161 FAIRVIEW PL

City	State	Zip Code
AGOURA HILLS	CA	91301-1853

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CIRCLEO ENTERPRISES

Occupation

HORSE TRAINER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	08	/	2016

Transaction ID : SA11A.317011

Amount of Each Receipt this Period

50.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**C. SHARON OLNEY**

Mailing Address P.O. BOX 1999

City	State	Zip Code
BURNET	TX	78611-7999

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED PER BEST EFF

Occupation

INFORMATION REQUESTED PER BEST EFF

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	16	/	2016

Transaction ID : SA11A.321237

Amount of Each Receipt this Period

500.00

☐ Memo Item

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

950.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

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

Mailing Address **3448 WILMINGTON ROAD**

City **LEBANON** State **OH** Zip Code **45036-8915**

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

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
**350.00**

Date of Receipt

**06 / 20 / 2016**

Transaction ID : **SA11A.333121**

Amount of Each Receipt this Period

**250.00**

☐ Memo Item

CONTRIBUTION

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

Mailing Address **P.O. BOX 813**

City **BRUCE** State **MS** Zip Code **38915-0813**

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

Name of Employer **INFORMATION REQUESTED PER BEST EFFORTS** Occupation **INFORMATION REQUESTED PER BEST EFF**

Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
**500.00**

Date of Receipt

**06 / 27 / 2016**

Transaction ID : **SA11A.329267**

Amount of Each Receipt this Period

**500.00**

☐ Memo Item

CONTRIBUTION

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

Mailing Address **1011 S PINKHAM ST**

City **VISALIA** State **CA** Zip Code **93292-1569**

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

Name of Employer **INFORMATION REQUESTED PER BEST EFF** Occupation **INFORMATION REQUESTED PER BEST EFF**

Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
**300.00**

Date of Receipt

**06 / 13 / 2016**

Transaction ID : **SA11A.319544**

Amount of Each Receipt this Period

**100.00**

☐ Memo Item

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

**850.00**

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. LAURIE ORTOLF**

Mailing Address 5 MEADOW LARK LN

City  
LITTLETONState  
COZip Code  
80127-5718FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
06			29			2016			

Transaction ID : SA11A.331087

Amount of Each Receipt this Period

150.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**B. CHARLENE OSBORNE**

Mailing Address 24317 S 201ST CT

City  
QUEEN CREEKState  
AZZip Code  
85142-5097FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
06			24			2016			

Transaction ID : SA11A.327118

Amount of Each Receipt this Period

250.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**C. GATHA OWENS**

Mailing Address 4767 HARLEM WRENS RD

City  
HARLEMState  
GAZip Code  
30814-3432FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
06			27			2016			

Transaction ID : SA11A.328460

Amount of Each Receipt this Period

250.00

☐ Memo Item

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

650.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

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

Mailing Address 538 MALINMOR DR.

City State Zip Code  
 SAINT CHARLES MO 63304-0585

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

Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF

Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
 250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 17 / 2016

Transaction ID : SA11A.322280

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

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

Mailing Address 22 WEST OAK DR.

City State Zip Code  
 HOUSTON TX 77056-2147

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

Name of Employer Occupation  
 SELF OIL AND GAS PRODUCER

Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
 250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 29 / 2016

Transaction ID : SA11A.333469

Amount of Each Receipt this Period

250.00

☐ Memo Item

CONTRIBUTION

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

Mailing Address P.O. BOX 428

City State Zip Code  
 MAYSVILLE KY 41056-0428

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

Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF

Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
 300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 13 / 2016

Transaction ID : SA11A.319088

Amount of Each Receipt this Period

300.00

☐ Memo Item

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

650.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial) <b>A. MARY PARREIRA</b>	
Mailing Address 19061 SUNNY CIR	
City SONORA	State CA
Zip Code 95370-9272	
FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer INFORMATION REQUESTED PER BEST EFFORTS	Occupation INFORMATION REQUESTED PER BEST EFFORTS
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 22 / 2016

Transaction ID : SA11A.324914

Amount of Each Receipt this Period

300.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial) <b>B. STEPHEN PASTOR</b>	
Mailing Address 8844 FARGO LN	
City GRANITE BAY	State CA
Zip Code 95746-9671	
FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer INFORMATION REQUESTED PER BEST EFFORTS	Occupation INFORMATION REQUESTED PER BEST EFFORTS
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 28 / 2016

Transaction ID : SA11A.330234

Amount of Each Receipt this Period

500.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial) <b>C. CAROLYN PATE</b>	
Mailing Address 4124 JACKSON STREET EXT	
City ALEXANDRIA	State LA
Zip Code 71303-2752	
FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer INFORMATION REQUESTED PER BEST EFFORTS	Occupation INFORMATION REQUESTED PER BEST EFFORTS
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 15 / 2016

Transaction ID : SA11A.321027

Amount of Each Receipt this Period

250.00

☐ Memo Item

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1050.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

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

Mailing Address 405 PINEFIELD PL

City State Zip Code  
THOMASVILLE NC 27360-3245

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

Name of Employer Occupation  
INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt

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

**Transaction ID : SA11A.315051**

Amount of Each Receipt this Period

500.00

☐ Memo Item

CONTRIBUTION

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

Mailing Address 212 OAKMONT DR.

City State Zip Code  
ROANOKE TX 76262-5472

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

Name of Employer Occupation  
INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
3500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	21	/	2016

**Transaction ID : SA11A.323776**

Amount of Each Receipt this Period

2500.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. JACQUES PAUL-HUS**

Mailing Address 9656 DOVETREISLE DR.

City State Zip Code  
BOYNTON BEACH FL 33473-4910

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	30	/	2016

**Transaction ID : SA11A.333531**

Amount of Each Receipt this Period

250.00

☐ Memo Item

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶**TOTAL** This Period (last page this line number only)..... ▶

3250.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

## **A. LOUISE PAUL-HUS**

Mailing Address 9656 DOVETREE ISLE DR.

City State Zip Code  
 BOYNTON BEACH FL 33473-4910

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2016

Transaction ID : SA11A.333532

Amount of Each Receipt this Period

250.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

## **B. MIKE PAYNE**

Mailing Address 1035 THORNFIELD LN

City State Zip Code  
 LAS VEGAS NV 89123-0839

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED PER BEST  
EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFF

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 08 / 2016

Transaction ID : SA11A.316772

Amount of Each Receipt this Period

200.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

## **C. JOLENE PEACOCKE**

Mailing Address 124 PASQUAL AVE

City State Zip Code  
 VENTURA CA 93004-1319

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED PER BEST EFF

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFF

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 21 / 2016

Transaction ID : SA11A.323761

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

550.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 184 OF 2173

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. JOLENE PEACOCKE**

Mailing Address 124 PASQUAL AVE

City  
VENTURAState  
CAZip Code  
93004-1319FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
06			29			2016			

Transaction ID : SA11A.331250

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**B. DANNY PELFREY**

Mailing Address 1555 HARMONY RANCH RD

City

HARMONY

State

CA

Zip Code

93435-5019

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
06			29			2016			

Transaction ID : SA11A.330890

Amount of Each Receipt this Period

300.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**C. JOANN PENA**

Mailing Address 2689 E SEAN AVE

City

FRESNO

State

CA

Zip Code

93720-0305

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
06			13			2016			

Transaction ID : SA11A.319627

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

500.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 185 OF 2173

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. SHIRLEY PENECALE**

Mailing Address 7545 MOREVERN CIR

City State Zip Code  
 SAN JOSE CA 95135-2105

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST EFFC

INFORMATION REQUESTED PER BEST EFF

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 27 2016

Transaction ID : SA11A.328808

Amount of Each Receipt this Period

500.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**B. WILFRED PERKINS**

Mailing Address 1724 PINE MESA GRV

City State Zip Code  
 COLORADO SPGS CO 80918-3628

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

RETIRED

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 08 2016

Transaction ID : SA11A.316567

Amount of Each Receipt this Period

75.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**C. DAVID PERRY**

Mailing Address 135 MOUNT VERNON AVENUE

City State Zip Code  
 PATCHOGUE NY 11772-

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

SELF

I.T.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 15 2016

Transaction ID : SA11A.320890

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶

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

675.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 186 OF 2173

(check only one)

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<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

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

Mailing Address 157 GREY FOX TRL

City State Zip Code  
CLAYTON GA 30525-3617

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

Name of Employer Occupation  
INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF

Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	14	/	2016

Transaction ID : SA11A.320438

Amount of Each Receipt this Period

150.00

☐ Memo Item

CONTRIBUTION

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

Mailing Address 40 ROAD 4CP

City State Zip Code  
MEETEETSE WY 82433-9702

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	25	/	2016

Transaction ID : SA11A.333378

Amount of Each Receipt this Period

250.00

☐ Memo Item

CONTRIBUTION

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

Mailing Address 5800 LONE STAR OAKS CT

City State Zip Code  
AUBURN CA 95602-9280

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

Name of Employer Occupation  
INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF

Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	16	/	2016

Transaction ID : SA11A.321294

Amount of Each Receipt this Period

250.00

☐ Memo Item

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶

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

650.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

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

Mailing Address 2312 9TH AVE

City State Zip Code  
SAN FRANCISCO CA 94116-1937

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

Name of Employer Occupation  
INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF

Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	24	/	2016

Transaction ID : SA11A.327734

Amount of Each Receipt this Period

500.00

☐ Memo Item

CONTRIBUTION

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

Mailing Address P.O. BOX 1288

City State Zip Code  
FORT BRAGG CA 95437-1288

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

Name of Employer Occupation  
INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF

Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	20	/	2016

Transaction ID : SA11A.323139

Amount of Each Receipt this Period

250.00

☐ Memo Item

CONTRIBUTION

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

Mailing Address 1906 E MAIN ST

City State Zip Code  
MEDFORD OR 97504-7619

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

Name of Employer Occupation  
INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF

Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	24	/	2016

Transaction ID : SA11A.327090

Amount of Each Receipt this Period

250.00

☐ Memo Item

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶

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

1000.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 188 OF 2173

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. KENNY PHIPPS**

Mailing Address 416 WHITE OAK DR.

City	State	Zip Code
SULPHUR	LA	70663-6263

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST EFFC

INFORMATION REQUESTED PER BEST EFF

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	17	/	2016

Transaction ID : SA11A.322081

Amount of Each Receipt this Period

500.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**B. FREDRICK SUE PIERCE**

Mailing Address 401 COUNTRY CLUB DR.

City	State	Zip Code
COVINGTON	LA	70433-4804

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST

INFORMATION REQUESTED PER BEST EFF

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	24	/	2016

Transaction ID : SA11A.326828

Amount of Each Receipt this Period

500.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**C. PRICE PIERSON**

Mailing Address 45-531 RANCHO PALMERAS DR.

City	State	Zip Code
INDIAN WELLS	CA	92210-8458

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST EFFC

INFORMATION REQUESTED PER BEST EFF

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	27	/	2016

Transaction ID : SA11A.313339

Amount of Each Receipt this Period

1000.00

☐ Memo Item

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2000.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

**A. HERBERT PIKEN**  
Full Name (Last, First, Middle Initial)  
Mailing Address 13063 BLAIRWOOD DR.  
City State Zip Code  
STUDIO CITY CA 91604-4033  
FEC ID number of contributing federal political committee. C  
Name of Employer Occupation  
INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF  
Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼  
Aggregate Year-to-Date ▼  
1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 24 / 2016

Transaction ID : SA11A.327245

Amount of Each Receipt this Period

1000.00

☐ Memo Item

CONTRIBUTION

**B. JAMES PLATTO**  
Full Name (Last, First, Middle Initial)  
Mailing Address 964 POND RD  
City State Zip Code  
BOHEMIA NY 11716-3521  
FEC ID number of contributing federal political committee. C  
Name of Employer Occupation  
INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF  
Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼  
Aggregate Year-to-Date ▼  
300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 07 / 2016

Transaction ID : SA11A.316055

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

**C. ALEXANDRIA PLUMER**  
Full Name (Last, First, Middle Initial)  
Mailing Address 5927 ALMEDA RD  
UNIT 21715  
City State Zip Code  
HOUSTON TX 77004-7994  
FEC ID number of contributing federal political committee. C  
Name of Employer Occupation  
INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF  
Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼  
Aggregate Year-to-Date ▼  
500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 28 / 2016

Transaction ID : SA11A.329511

Amount of Each Receipt this Period

500.00

☐ Memo Item

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

1600.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 190 OF 2173

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. SANDRA POLK**

Mailing Address 101 JOCELYN HILLS ROAD

City State Zip Code  
 NASHVILLE TN 37205-3904

FEC ID number of contributing federal political committee.

C

Name of Employer  
 POLK PLACE ANTIQUES

Occupation  
 SELF

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 24 / 2016

Transaction ID : SA11A.333348

Amount of Each Receipt this Period

250.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**B. SUSAN PORTER**

Mailing Address 5230 E HONEYWOOD LN

City State Zip Code  
 ANAHEIM CA 92807-3602

FEC ID number of contributing federal political committee.

C

Name of Employer  
 INFORMATION REQUESTED PER BEST EFFORTS

Occupation  
 INFORMATION REQUESTED PER BEST EFF

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

575.00

Date of Receipt

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

Transaction ID : SA11A.314936

Amount of Each Receipt this Period

75.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**C. DAVID POTTER**

Mailing Address 28078 GRAVEL HILL RD

City State Zip Code  
 MILLSBORO DE 19966-3953

FEC ID number of contributing federal political committee.

C

Name of Employer  
 INFORMATION REQUESTED PER BEST EFF

Occupation  
 INFORMATION REQUESTED PER BEST EFF

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 29 / 2016

Transaction ID : SA11A.331156

Amount of Each Receipt this Period

500.00

☐ Memo Item

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

825.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

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

Mailing Address 1445 GUMMOW DR.

City State Zip Code  
 FALLON NV 89406-6450

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 13 / 2016

Transaction ID : SA11A.318885

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

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

Mailing Address 13343 EDINDERG DR.

City State Zip Code  
 PEOTONE IL 60468-

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED PER BEST  
EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFF

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 29 / 2016

Transaction ID : SA11A.331084

Amount of Each Receipt this Period

150.00

☐ Memo Item

CONTRIBUTION

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

Mailing Address 751 E CAMINO VISTA DEL CIELO

City State Zip Code  
 NOGALES AZ 85621-4714

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED PER BEST EFF

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFF

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 23 / 2016

Transaction ID : SA11A.326411

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

350.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. ALDONA PRINCIPE**

Mailing Address 5 ISLA BAHIA TER

City	State	Zip Code
FORT LAUDERDALE	FL	33316-2309

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	17	/	2016

Transaction ID : SA11A.333067

Amount of Each Receipt this Period

500.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**B. THOMAS PRITCHARD**Mailing Address 4341 RIVERVIEW RD  
LOT 77

City	State	Zip Code
PENINSULA	OH	44264-9662

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED PER BEST  
EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFF

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	22	/	2016

Transaction ID : SA11A.324906

Amount of Each Receipt this Period

300.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**C. RICHARD PROUTY**

Mailing Address 49 LAKESHORE DR.

City	State	Zip Code
ADAIR	OK	74330-3091

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED PER BEST EFF

Occupation

INFORMATION REQUESTED PER BEST EFF

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	08	/	2016

Transaction ID : SA11A.316801

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

900.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

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

Mailing Address **49 LAKESHORE DR.**

City **ADAIR** State **OK** Zip Code **74330-3091**

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

Name of Employer **INFORMATION REQUESTED PER BEST EFFORTS** Occupation **INFORMATION REQUESTED PER BEST EFFORTS**

Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
**275.00**

Date of Receipt

**06 / 09 / 2016**

**Transaction ID : SA11A.318363**

Amount of Each Receipt this Period

**75.00**

☐ Memo Item

CONTRIBUTION

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

Mailing Address **726 BONITO DR.**

City **ST HELENA IS** State **SC** Zip Code **29920-7044**

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

Name of Employer **INFORMATION REQUESTED PER BEST EFFORTS** Occupation **INFORMATION REQUESTED PER BEST EFFORTS**

Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
**250.00**

Date of Receipt

**06 / 17 / 2016**

**Transaction ID : SA11A.322006**

Amount of Each Receipt this Period

**200.00**

☐ Memo Item

CONTRIBUTION

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

Mailing Address **P.O. BOX 820**

City **LAKEBAY** State **WA** Zip Code **98349-0820**

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

Name of Employer **INFORMATION REQUESTED PER BEST EFFORTS** Occupation **INFORMATION REQUESTED PER BEST EFFORTS**

Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
**500.00**

Date of Receipt

**06 / 30 / 2016**

**Transaction ID : SA11A.332231**

Amount of Each Receipt this Period

**500.00**

☐ Memo Item

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

**775.00**

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

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

Mailing Address 21503 LAKE VIEW RD

City State Zip Code  
 DAMON TX 77430-9434

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

Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF

Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
 250.00

Date of Receipt

**06 / 13 / 2016**

**Transaction ID : SA11A.319604**

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

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

Mailing Address 13001 SARATOGA SUNNYVALE RD

City State Zip Code  
 SARATOGA CA 95070-4228

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

Name of Employer Occupation  
 NATIONAL REAL ESTATE SOLUTION ENGINEER

Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
 250.00

Date of Receipt

**06 / 23 / 2016**

**Transaction ID : SA11A.325973**

Amount of Each Receipt this Period

250.00

☐ Memo Item

CONTRIBUTION

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

Mailing Address 17285 COLONIAL PARK DRIVE

City State Zip Code  
 MONUMENT CO 80132-

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

Name of Employer Occupation  
 INVESTMENT PROPERTIES REAL ESTATE INVESTOR

Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
 300.00

Date of Receipt

**06 / 14 / 2016**

**Transaction ID : SA11A.320113**

Amount of Each Receipt this Period

50.00

☐ Memo Item

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

400.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

## **A. PATRICK QUINLAN**

Mailing Address 17285 COLONIAL PARK DRIVE

City State Zip Code  
 MONUMENT CO 80132-

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 INVESTMENT PROPERTIES

Occupation  
 REAL ESTATE INVESTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

06 / 22 / 2016

Transaction ID : SA11A.324670

Amount of Each Receipt this Period

50.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

## **B. PETER QUINN**

Mailing Address 729 PRESERVE TERRACE

City State Zip Code  
 HEATHROW FL 32746-5203

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 SELF

Occupation  
 OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 09 / 2016

Transaction ID : SA11A.332896

Amount of Each Receipt this Period

250.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

## **C. STAN RALPH**

Mailing Address 16 E OAK AVE

City State Zip Code  
 MOORESTOWN NJ 08057-2510

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 RETIRED

Occupation  
 RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 11 / 2016

Transaction ID : SA11A.332960

Amount of Each Receipt this Period

500.00

☐ Memo Item

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

800.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

## **A. PATRICK RAMIREZ**

Mailing Address 361 MEADOW PARK CT

City State Zip Code  
 LAS CRUCES NM 88007-4778

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST EFF

INFORMATION REQUESTED PER BEST EFF

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 23 / 2016

Transaction ID : SA11A.325977

Amount of Each Receipt this Period

75.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

## **B. JAMES RAY**

Mailing Address 8619 BARCLAY WOODS CT

City State Zip Code  
 CHARLOTTE NC 28226-8521

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST

INFORMATION REQUESTED PER BEST EFF

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 22 / 2016

Transaction ID : SA11A.324741

Amount of Each Receipt this Period

1000.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

## **C. PHILIP REESE**

Mailing Address 7461 NW 167TH TER

City State Zip Code  
 HIALEAH FL 33015-4150

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST EFF

INFORMATION REQUESTED PER BEST EFF

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

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

Transaction ID : SA11A.315232

Amount of Each Receipt this Period

50.00

☐ Memo Item

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

1125.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

**A. SHIRLEY ARLEN REESE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 414 MEADOW HILLS DR.  
 City RICHLAND State WA Zip Code 99352-9527  
 FEC ID number of contributing federal political committee. C  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS  
 Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 300.00

Date of Receipt

06 / 07 / 2016

Transaction ID : SA11A.315806

Amount of Each Receipt this Period

300.00

☐ Memo Item

CONTRIBUTION

**B. SAM REGINA**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. BOX 72119  
 City PHOENIX State AZ Zip Code 85050-1019  
 FEC ID number of contributing federal political committee. C  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS  
 Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt

06 / 28 / 2016

Transaction ID : SA11A.329765

Amount of Each Receipt this Period

500.00

☐ Memo Item

CONTRIBUTION

**C. GAYLE REGO**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7000 MAE ANNE AVENUE  
 APT. 1713  
 City RENO State NV Zip Code 89523-  
 FEC ID number of contributing federal political committee. C  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 225.00

Date of Receipt

06 / 13 / 2016

Transaction ID : SA11A.332996

Amount of Each Receipt this Period

25.00

☐ Memo Item

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶

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

825.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

## **A. EUGENIA REVSON**

Mailing Address 1061 ROUTE 83

City State Zip Code  
 PINE PLAINS NY 12567-4808

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 15 / 2016

Transaction ID : SA11A.320577

Amount of Each Receipt this Period

1000.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

## **B. GREYNELL RICHARD**

Mailing Address P.O. BOX 2195

City State Zip Code  
 RANCHO SANTA FE CA 92067-2195

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

RETIRED

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 23 / 2016

Transaction ID : SA11A.325773

Amount of Each Receipt this Period

500.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

## **C. GREYNELL RICHARD**

Mailing Address P.O. BOX 2195

City State Zip Code  
 RANCHO SANTA FE CA 92067-2195

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

RETIRED

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 24 / 2016

Transaction ID : SA11A.327017

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

1600.00

**SCHEDULE A (FEC Form 3X)**  
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial) <b>A. SHIRLEY RICHARD</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 30 / 2016 <b>Transaction ID : SA11A.333515</b>	
Mailing Address 231 MIDLAND AVE STE 303 303 City State Zip Code BASALT CO 81621-8383		Amount of Each Receipt this Period 125.00 <input type="checkbox"/> Memo Item CONTRIBUTION	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation RETIRED RETIRED			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 325.00	
Full Name (Last, First, Middle Initial) <b>B. LLOYD RICHMAN</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 07 / 2016 <b>Transaction ID : SA11A.316020</b>	
Mailing Address 22914 JOHN AVERY LN City State Zip Code SUMMERLAND KEY FL 33042-4316		Amount of Each Receipt this Period 100.00 <input type="checkbox"/> Memo Item CONTRIBUTION	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFF			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 400.00	
Full Name (Last, First, Middle Initial) <b>C. ART RIESTENBERG</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 08 / 2016 <b>Transaction ID : SA11A.317154</b>	
Mailing Address 42585 COUNTY HIGHWAY 123 City State Zip Code PERHAM MN 56573-8912		Amount of Each Receipt this Period 25.00 <input type="checkbox"/> Memo Item CONTRIBUTION	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation RETIRED RETIRED			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 220.00	
<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶		250.00	
<b>TOTAL</b> This Period (last page this line number only)..... ▶			

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. NELDA RIGGINS**

Mailing Address 281 TIMBER RIDGE LN

City State Zip Code  
FOUR SEASONS MO 65049-4754

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST EFFC

INFORMATION REQUESTED PER BEST EFF

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 29 / 2016

Transaction ID : SA11A.331102

Amount of Each Receipt this Period

150.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**B. JACK RISSE**

Mailing Address 1103 N CANYONWOOD DR.

City State Zip Code  
DRIPPING SPRINGS TX 78620-3928

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST

INFORMATION REQUESTED PER BEST EFF

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 24 / 2016

Transaction ID : SA11A.326878

Amount of Each Receipt this Period

200.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**C. DWIGHT ROBINSON**

Mailing Address 13 WOODMERE DR.

City State Zip Code  
PARIS IL 61944-9266

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST EFFC

INFORMATION REQUESTED PER BEST EFF

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 28 / 2016

Transaction ID : SA11A.329755

Amount of Each Receipt this Period

500.00

☐ Memo Item

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

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850.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial) <b>A. NANCY ROBINSON</b>			Date of Receipt <div> <div>M M / D D / Y Y Y Y Y</div> <div>06 / 08 / 2016</div> </div>	
Mailing Address 10911 COLE PLACE			<b>Transaction ID : SA11A.316714</b>	
City ANDERSON ISLAND	State WA	Zip Code 98303-	Amount of Each Receipt this Period <div> <div>100.00</div> </div>	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item <b>CONTRIBUTION</b>		
Name of Employer RETIRED		Occupation RETIRED		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <div> <div>225.00</div> </div>		

Full Name (Last, First, Middle Initial) <b>B. JOAN RODERICK</b>			Date of Receipt <div> <div>M M / D D / Y Y Y Y Y</div> <div>06 / 23 / 2016</div> </div>	
Mailing Address 2059 ROCKLEDGE DR.			<b>Transaction ID : SA11A.326605</b>	
City ROCKLEDGE	State FL	Zip Code 32955-5303	Amount of Each Receipt this Period <div> <div>150.00</div> </div>	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item <b>CONTRIBUTION</b>		
Name of Employer INFORMATION REQUESTED PER BEST EFFORTS		Occupation INFORMATION REQUESTED PER BEST EFF		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <div> <div>300.00</div> </div>		

Full Name (Last, First, Middle Initial) <b>C. THOMAS ROGERS</b>			Date of Receipt <div> <div>M M / D D / Y Y Y Y Y</div> <div>06 / 22 / 2016</div> </div>	
Mailing Address W1194 COUNTY ROAD J			<b>Transaction ID : SA11A.325006</b>	
City PRINCETON	State WI	Zip Code 54968-9342	Amount of Each Receipt this Period <div> <div>5000.00</div> </div>	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item <b>CONTRIBUTION</b>		
Name of Employer INFORMATION REQUESTED PER BEST EFF		Occupation INFORMATION REQUESTED PER BEST EFF		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <div> <div>5000.00</div> </div>		

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

5250.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. SPYRIDON ROMVOS**

Mailing Address 70 WAVERLY ST

City  
MALDENState  
MAZip Code  
02148-3917FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST EFFC

INFORMATION REQUESTED PER BEST EFF

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	03	/	2016

Transaction ID : SA11A.313998

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**B. SPYRIDON ROMVOS**

Mailing Address 70 WAVERLY ST

City  
MALDENState  
MAZip Code  
02148-3917FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST

INFORMATION REQUESTED PER BEST EFF

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	17	/	2016

Transaction ID : SA11A.321975

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**C. MARLYNE ROTH**

Mailing Address 10504 W WILMINGTON RD

City  
PEOTONEState  
ILZip Code  
60468-9684FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST EFFC

INFORMATION REQUESTED PER BEST EFF

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2016

Transaction ID : SA11A.331657

Amount of Each Receipt this Period

75.00

☐ Memo Item

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

275.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. STEFANIA ROTUNNO**

Mailing Address 1301 W CLAYTON ST

City  
NEW CASTLEState  
PAZip Code  
16102-1243FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
06			27			2016			

Transaction ID : SA11A.328899

Amount of Each Receipt this Period

200.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**B. KENNETH RUCKMAN**

Mailing Address 7650 N HICKORY DR.

City  
COLUMBIAState  
MOZip Code  
65202-9323FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
06			17			2016			

Transaction ID : SA11A.322344

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**C. JACK RUMFOLA**

Mailing Address 381 DEANNA ST

City  
LA HABRAState  
CAZip Code  
90631-5126FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
06			28			2016			

Transaction ID : SA11A.329922

Amount of Each Receipt this Period

500.00

☐ Memo Item

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

800.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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

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(check only one)

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

## **A. FRANK SADLER**

Mailing Address 5997 WINCHESTER RD

City  
LEXINGTON

State Zip Code  
KY 40509-9515

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 09 / 2016

Transaction ID : SA11A.318014

Amount of Each Receipt this Period

500.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

## **B. DIANA SAILING**

Mailing Address 72 HOWEDALE DR.

City  
ROCHESTER

State Zip Code  
NY 14616-1533

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 22 / 2016

Transaction ID : SA11A.325025

Amount of Each Receipt this Period

250.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

## **C. SANDRA SALKA**

Mailing Address 347 10TH ST

City  
SANTA MONICA

State Zip Code  
CA 90402-2017

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID : SA11A.315177

Amount of Each Receipt this Period

250.00

☐ Memo Item

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

1000.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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

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(check only one)

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

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

Mailing Address **4811 PALISADE DR.**

City State Zip Code  
**AUSTIN TX 78731-4538**

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

Name of Employer Occupation  
**HEXADYNE CORPORATION CEO/PRESIDENT**

Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
**10100.00**

Date of Receipt

**06 / 27 / 2016**

**Transaction ID : SA11A.329326**

Amount of Each Receipt this Period

**5000.00**

☐ Memo Item

CONTRIBUTION

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

Mailing Address **P.O. BOX 447**

City State Zip Code  
**PRATHER CA 93651-0447**

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

Name of Employer Occupation  
**INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFF**

Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
**310.00**

Date of Receipt

**06 / 24 / 2016**

**Transaction ID : SA11A.327129**

Amount of Each Receipt this Period

**50.00**

☐ Memo Item

CONTRIBUTION

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

Mailing Address **P.O. BOX 447**

City State Zip Code  
**PRATHER CA 93651-0447**

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

Name of Employer Occupation  
**INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFF**

Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
**310.00**

Date of Receipt

**06 / 24 / 2016**

**Transaction ID : SA11A.327479**

Amount of Each Receipt this Period

**50.00**

☐ Memo Item

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

**5100.00**

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

## **A. PHILIP SCHAEFER**

Mailing Address 2521 E MOUNTAIN VILLAGE DR.  
SWEET BEE PMB 353

City WASILLA State AK Zip Code 99654-7373

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF

Occupation

FARMER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

06 / 28 / 2016

Transaction ID : SA11A.329770

Amount of Each Receipt this Period

250.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

## **B. GARY SCHECK**

Mailing Address 8260 W RIDGE DR.

City BROADVIEW HEIGHTS State OH Zip Code 44147-1033

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED PER BEST  
EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFF

Aggregate Year-to-Date ▼

225.00

Date of Receipt

06 / 06 / 2016

Transaction ID : SA11A.315233

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

## **C. WAYNE SCHLAFLI**

Mailing Address P.O. BOX 130

City BRINNON State WA Zip Code 98320-0130

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED PER BEST EFF

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFF

Aggregate Year-to-Date ▼

225.00

Date of Receipt

06 / 06 / 2016

Transaction ID : SA11A.314651

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

450.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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

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(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

**A. JACK SCHMIDTKE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 309 RAINIER DR.  
 City Lodi State CA Zip Code 95242-2627  
 FEC ID number of contributing federal political committee. C  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt

06 / 20 / 2016

Transaction ID : SA11A.322923

Amount of Each Receipt this Period

75.00

☐ Memo Item

CONTRIBUTION

**B. RON SCHNEIDER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 35 RABBIT CT  
 City SEDONA State AZ Zip Code 86351-7267  
 FEC ID number of contributing federal political committee. C  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt

06 / 14 / 2016

Transaction ID : SA11A.319866

Amount of Each Receipt this Period

500.00

☐ Memo Item

CONTRIBUTION

**C. STEPHEN SCHROEDER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3045 BAY VIEW DR.  
 City LAKE SPIVEY State GA Zip Code 30236-4141  
 FEC ID number of contributing federal political committee. C  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt

06 / 10 / 2016

Transaction ID : SA11A.317379

Amount of Each Receipt this Period

250.00

☐ Memo Item

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

825.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
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(check only one)

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. RW SCHWARTZ**

Mailing Address 3110 KETTERING BLVD

City  
MORaineState  
OHZip Code  
45439-1924FEC ID number of contributing  
federal political committee.

C

Name of Employer

WINSUPPLY

Occupation

CHAIRMAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID : SA11A.333200

Amount of Each Receipt this Period

1000.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**B. FRANK SCHWERTFEGER**

Mailing Address 12244 WHEELING CT

City

HENDERSON

State

CO

Zip Code

80640-9426

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED PER BEST  
EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFF

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

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

Transaction ID : SA11A.329477

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**C. JORDAN SCOTT**

Mailing Address 5720 BOSQUE VISTA DR. NE

City

ALBUQUERQUE

State

NM

Zip Code

87111-8068

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED PER BEST EFF

Occupation

INFORMATION REQUESTED PER BEST EFF

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

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

Transaction ID : SA11A.326101

Amount of Each Receipt this Period

600.00

☐ Memo Item

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1700.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

## **A. RICKY SEALS**

Mailing Address 2948 W HIGHWAY 22

City  
 UNION CITY

State Zip Code  
 TN 38261-7079

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST EFFC

INFORMATION REQUESTED PER BEST EFF

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 29 / 2016

Transaction ID : SA11A.330967

Amount of Each Receipt this Period

300.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

## **B. RODNEY SEBASTIAN**

Mailing Address 8838 FM 1565

City  
 ROYSE CITY

State Zip Code  
 TX 75189-7810

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

TEX CON SERVICES

OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID : SA11A.332777

Amount of Each Receipt this Period

250.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

## **C. GERALD SEGRAVES**

Mailing Address 14236 S SWAN RD

City  
 GULFPORT

State Zip Code  
 MS 39503-8730

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST EFFC

INFORMATION REQUESTED PER BEST EFF

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 09 / 2016

Transaction ID : SA11A.318392

Amount of Each Receipt this Period

200.00

☐ Memo Item

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

750.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
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(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. JOAN SETNIKER**

Mailing Address 1530 INDEPENDENCE HWY

City	State	Zip Code
INDEPENDENCE	OR	97351-9683

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF

Occupation

FARMER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	29	/	2016

Transaction ID : SA11A.333471

Amount of Each Receipt this Period

250.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**B. MARY SEWARD**

Mailing Address 2121 ABERGELDIE DR.

City	State	Zip Code
MEMPHIS	TN	38119-6302

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED PER BEST  
EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFF

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	21	/	2016

Transaction ID : SA11A.324023

Amount of Each Receipt this Period

500.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**C. ROBERT SEXTON**

Mailing Address 12 FRONTIER DR.

City	State	Zip Code
JACKSON	CA	95642-2608

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED PER BEST EFF

Occupation

INFORMATION REQUESTED PER BEST EFF

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	17	/	2016

Transaction ID : SA11A.321957

Amount of Each Receipt this Period

500.00

☐ Memo Item

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1250.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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 NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial) <b>A. TIMOTHY SHANAHAN</b>	
Mailing Address 180 COOPER RUN RD	
City GREEN BANK	State WV Zip Code 24944-9058
FEC ID number of contributing federal political committee. C	
Name of Employer INFORMATION REQUESTED PER BEST EFFORTS	Occupation INFORMATION REQUESTED PER BEST EFFORTS
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	24	/	2016

Transaction ID : SA11A.327035

Amount of Each Receipt this Period

50.00
-------

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial) <b>B. RAMONA SHAW</b>	
Mailing Address 360 TRAVERTINE CT	
City REDDING	State CA Zip Code 96003-3448
FEC ID number of contributing federal political committee. C	
Name of Employer RETIRED	Occupation RETIRED
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	20	/	2016

Transaction ID : SA11A.323560

Amount of Each Receipt this Period

50.00
-------

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial) <b>C. RAMONA SHAW</b>	
Mailing Address 360 TRAVERTINE CT	
City REDDING	State CA Zip Code 96003-3448
FEC ID number of contributing federal political committee. C	
Name of Employer RETIRED	Occupation RETIRED
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	28	/	2016

Transaction ID : SA11A.329570

Amount of Each Receipt this Period

75.00
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☐ Memo Item

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶

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

175.00
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**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. CONNIE SHELTON**

Mailing Address P.O. BOX 97

City  
MOONState  
VAZip Code  
23119-0097FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID : SA11A.323542

Amount of Each Receipt this Period

150.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**B. LINDA SHEPHERD**Mailing Address 848 LIVINGSTON RD  
144

City

CROSSVILLE

State

TN

Zip Code

38555-6719

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

RETIRED

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

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

Transaction ID : SA11A.319609

Amount of Each Receipt this Period

30.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**C. LINDA SHEPHERD**Mailing Address 848 LIVINGSTON RD  
144

City

CROSSVILLE

State

TN

Zip Code

38555-6719

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

RETIRED

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

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

Transaction ID : SA11A.324263

Amount of Each Receipt this Period

30.00

☐ Memo Item

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

210.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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

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(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

## **A. NORMA SHERIFF**

Mailing Address 53 PLEASANT RIDGE DR.

City  
 URBANA

State  
 MO

Zip Code  
 65767-8121

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST EFFC

INFORMATION REQUESTED PER BEST EFF

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 27 / 2016

Transaction ID : SA11A.328984

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

## **B. WALTER SHIPE**

Mailing Address 11348 ESKRIDGES LN

City  
 CATLETT

State  
 VA

Zip Code  
 20119-2333

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST

INFORMATION REQUESTED PER BEST EFF

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

06 / 17 / 2016

Transaction ID : SA11A.322361

Amount of Each Receipt this Period

75.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

## **C. WALTER SHIPE**

Mailing Address 11348 ESKRIDGES LN

City  
 CATLETT

State  
 VA

Zip Code  
 20119-2333

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST EFFC

INFORMATION REQUESTED PER BEST EFF

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

06 / 24 / 2016

Transaction ID : SA11A.327180

Amount of Each Receipt this Period

75.00

☐ Memo Item

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

250.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 214 OF 2173

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. NEIL SHMUNES**

Mailing Address 152 UNIVERSITY BLVD N

City  
JACKSONVILLEState  
FLZip Code  
32211-7533FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
06			24			2016			

Transaction ID : SA11A.327303

Amount of Each Receipt this Period

250.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**B. MICHAEL SHORE**

Mailing Address 6144 SW 27TH ST

City  
MIAMIState  
FLZip Code  
33155-3141FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST  
EFFORTSINFORMATION REQUESTED PER BEST  
EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
06			20			2016			

Transaction ID : SA11A.323536

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**C. DENVER SHORT**

Mailing Address P.O. BOX 115

City  
SASSERState  
GAZip Code  
39885-0115FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

RETIRED

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
06			16			2016			

Transaction ID : SA11A.321100

Amount of Each Receipt this Period

75.00

☐ Memo Item

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

425.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DENVER SHORT**

Mailing Address P.O. BOX 115

City	State	Zip Code
SASSER	GA	39885-0115

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2016

Transaction ID : SA11A.331519

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**B. MARGARET SIERRA**

Mailing Address 5891 STAGECOACH RD

City	State	Zip Code
PORTAGE	IN	46368-1039

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED PER BEST  
EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFF

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	22	/	2016

Transaction ID : SA11A.324863

Amount of Each Receipt this Period

200.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**C. DARREL SILVEY**

Mailing Address 703 BATTERY PL

City	State	Zip Code
CHATTANOOGA	TN	37403-1213

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED PER BEST EFF

Occupation

INFORMATION REQUESTED PER BEST EFF

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	29	/	2016

Transaction ID : SA11A.330387

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

400.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. GAIL SIMS**

Mailing Address 4161 COLT DR.

City State Zip Code  
LAKE HAVASU CITY AZ 86404-1762

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 08 / 2016

Transaction ID : SA11A.317121

Amount of Each Receipt this Period

1000.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**B. JASON SISNEROS**Mailing Address 1235 E WILMINGTON AVE  
APT 720

City State Zip Code  
SALT LAKE CITY UT 84106-4278

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 13 / 2016

Transaction ID : SA11A.319376

Amount of Each Receipt this Period

250.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**C. JAMES SKIDMORE**

Mailing Address 4943 SANDY BEACH DR.

City State Zip Code  
CROWN POINT IN 46307-9417

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 29 / 2016

Transaction ID : SA11A.330837

Amount of Each Receipt this Period

500.00

☐ Memo Item

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1750.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. ARMAND SMITH**

Mailing Address P.O. BOX 159

City State Zip Code  
 CLOVIS NM 88102-0159

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST EFF

INFORMATION REQUESTED PER BEST EFF

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 29 2016

Transaction ID : SA11A.330339

Amount of Each Receipt this Period

250.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**B. DEAN SMITH**

Mailing Address 11375 METTEER RD

City State Zip Code  
 LIVE OAK CA 95953-9708

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST

INFORMATION REQUESTED PER BEST EFF

EFFORTS  
Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 29 2016

Transaction ID : SA11A.330717

Amount of Each Receipt this Period

500.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**C. DIANE SMITH LOVE**

Mailing Address 9209 WESTMINSTER GLEN AVE

City State Zip Code  
 AUSTIN TX 78730-3405

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST EFF

INFORMATION REQUESTED PER BEST EFF

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 27 2016

Transaction ID : SA11A.328748

Amount of Each Receipt this Period

500.00

☐ Memo Item

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1250.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

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

Mailing Address 4550 MAYES DR.

City NORMAN	State OK	Zip Code 73072-9774
----------------	-------------	------------------------

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

Name of Employer INFORMATION REQUESTED PER BEST EFFORTS	Occupation INFORMATION REQUESTED PER BEST EFFORTS
--	--

Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 28 / 2016

Transaction ID : SA11A.330023

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

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

Mailing Address P.O. BOX 1142

City THOMASVILLE	State GA	Zip Code 31799-1142
---------------------	-------------	------------------------

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

Name of Employer INFORMATION REQUESTED PER BEST EFFORTS	Occupation INFORMATION REQUESTED PER BEST EFFORTS
--	--

Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 30 / 2016

Transaction ID : SA11A.331932

Amount of Each Receipt this Period

1000.00

☐ Memo Item

CONTRIBUTION

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

Mailing Address 1881 HONEY SPRING PL

City LEXINGTON	State KY	Zip Code 40502-7709
-------------------	-------------	------------------------

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

Name of Employer INFORMATION REQUESTED PER BEST EFFORTS	Occupation INFORMATION REQUESTED PER BEST EFFORTS
--	--

Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 22 / 2016

Transaction ID : SA11A.324746

Amount of Each Receipt this Period

300.00

☐ Memo Item

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1400.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

## **A. ROBERTO SNELLING**

Mailing Address 5699 MIRAMAR DRIVE

City State Zip Code  
 FRISCO TX 75034-5949

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

06 / 29 / 2016

Transaction ID : SA11A.313341

Amount of Each Receipt this Period

1000.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

## **B. THERESA SOBEROSKI**

Mailing Address 209 EAGLE CREEK RANCH BLVD

City State Zip Code  
 FLORESVILLE TX 78114-9238

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

209.00

Date of Receipt

06 / 15 / 2016

Transaction ID : SA11A.320900

Amount of Each Receipt this Period

209.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

## **C. PATRICK SPARKS**

Mailing Address 1580 BLOOD BEND RD

City State Zip Code  
 ST LANDRY LA 71367-3362

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

RETIRED

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

06 / 24 / 2016

Transaction ID : SA11A.326827

Amount of Each Receipt this Period

300.00

☐ Memo Item

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

1509.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. JED SPEAR**

Mailing Address 56126 BREEZY LN

City  
YUCCA VALLEYState  
CAZip Code  
92284-1995FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	24	/	2016

Transaction ID : SA11A.326715

Amount of Each Receipt this Period

300.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**B. RAYMOND SPEER**

Mailing Address 718 STONELAKE DR.

City  
CLEBURNEState  
TXZip Code  
76033-4546FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	14	/	2016

Transaction ID : SA11A.320296

Amount of Each Receipt this Period

75.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**C. RAYMOND SPEER**

Mailing Address 718 STONELAKE DR.

City  
CLEBURNEState  
TXZip Code  
76033-4546FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	21	/	2016

Transaction ID : SA11A.323908

Amount of Each Receipt this Period

225.00

☐ Memo Item

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶

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

600.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

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

Mailing Address **8 SPRINGSIDE DR.**

City **HENDERSONVILLE** State **NC** Zip Code **28792-3029**

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

Name of Employer **INFORMATION REQUESTED PER BEST EFFORTS** Occupation **INFORMATION REQUESTED PER BEST EFFORTS**

Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
**247.00**

Date of Receipt

**06 / 08 / 2016**

**Transaction ID : SA11A.317099**

Amount of Each Receipt this Period

**25.00**

☐ Memo Item

CONTRIBUTION

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

Mailing Address **8 SPRINGSIDE DR.**

City **HENDERSONVILLE** State **NC** Zip Code **28792-3029**

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

Name of Employer **INFORMATION REQUESTED PER BEST EFFORTS** Occupation **INFORMATION REQUESTED PER BEST EFFORTS**

Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
**247.00**

Date of Receipt

**06 / 15 / 2016**

**Transaction ID : SA11A.320844**

Amount of Each Receipt this Period

**25.00**

☐ Memo Item

CONTRIBUTION

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

Mailing Address **8 SPRINGSIDE DR.**

City **HENDERSONVILLE** State **NC** Zip Code **28792-3029**

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

Name of Employer **INFORMATION REQUESTED PER BEST EFFORTS** Occupation **INFORMATION REQUESTED PER BEST EFFORTS**

Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
**247.00**

Date of Receipt

**06 / 22 / 2016**

**Transaction ID : SA11A.325258**

Amount of Each Receipt this Period

**50.00**

☐ Memo Item

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶

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

**100.00**

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. LYNDIA SPIRACOS**

Mailing Address 8 SPRINGSIDE DR.

City	State	Zip Code
HENDERSONVILLE	NC	28792-3029

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST EFFC

INFORMATION REQUESTED PER BEST EFF

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

247.00

Date of Receipt

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

Transaction ID : SA11A.331815

Amount of Each Receipt this Period

20.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**B. SAM & SANDY SPROTT**

Mailing Address P.O. BOX #430

City	State	Zip Code
HERMITAGE	MO	65668-0430

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

RETIRED

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID : SA11A.333431

Amount of Each Receipt this Period

250.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**C. RONALD STALLINGS**

Mailing Address 2422 DR. SANDERS RD

City	State	Zip Code
AUBREY	TX	76227-5218

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST EFFC

INFORMATION REQUESTED PER BEST EFF

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID : SA11A.326994

Amount of Each Receipt this Period

250.00

☐ Memo Item

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

520.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. MICHAEL STECKEL**

Mailing Address P.O. BOX 103

City  
TAYLORState  
NEZip Code  
68879-0103FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
06			30			2016			

Transaction ID : SA11A.332182

Amount of Each Receipt this Period

250.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**B. JAMES JUDY STEVENS**

Mailing Address 2836 NE 23RD AVE

City

LIGHTHOUSE POINT

State

FL

Zip Code

33064-8234

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
06			27			2016			

Transaction ID : SA11A.329377

Amount of Each Receipt this Period

500.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**C. JESSIE STEVENSON**

Mailing Address 48208 MONTERRA CIR E

City

PALM DESERT

State

CA

Zip Code

92260-6607

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
06			30			2016			

Transaction ID : SA11A.332448

Amount of Each Receipt this Period

300.00

☐ Memo Item

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶

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

1050.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

## **A. DAVID STONE**

Mailing Address P.O. BOX 888

City  
**PORTALES**

State Zip Code  
**NM 88130-0888**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**1000.00**

Date of Receipt

**06 / 13 / 2016**

**Transaction ID : SA11A.318841**

Amount of Each Receipt this Period

**1000.00**

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

## **B. WILLIAM L. STONEHOUSE**

Mailing Address 8255 N SUNNYSIDE AVE

City  
**CLOVIS**

State Zip Code  
**CA 93619-9106**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

FRESNO COUNTY

ENGINEERING INSPECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**225.00**

Date of Receipt

**06 / 24 / 2016**

**Transaction ID : SA11A.327351**

Amount of Each Receipt this Period

**200.00**

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

## **C. JOHN STRAND**

Mailing Address P.O. BOX 723

City  
**CHARLEVOIX**

State Zip Code  
**MI 49720-0723**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**1000.00**

Date of Receipt

**06 / 24 / 2016**

**Transaction ID : SA11A.327564**

Amount of Each Receipt this Period

**1000.00**

☐ Memo Item

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

**2200.00**



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. ROBB STROYKE**

Mailing Address 2420 HERMOSA AVE

City	State	Zip Code
HERMOSA BEACH	CA	90254-2531

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST EFFC

INFORMATION REQUESTED PER BEST EFF

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	21	/	2016

Transaction ID : SA11A.324136

Amount of Each Receipt this Period

1000.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**B. JORGE SUCCAR**

Mailing Address 18701 BUENA VISTA AVE

City	State	Zip Code
YORBA LINDA	CA	92886-4924

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

CONAGRA FOODS

DIRECTOR OF RESEARCH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2016

Transaction ID : SA11A.331822

Amount of Each Receipt this Period

250.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**C. BARBRA SUSARABA**

Mailing Address 9102 EL REY BLVD

City	State	Zip Code
AUSTIN	TX	78737-3011

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST EFFC

INFORMATION REQUESTED PER BEST EFF

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	08	/	2016

Transaction ID : SA11A.317186

Amount of Each Receipt this Period

200.00

☐ Memo Item

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1450.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

**A. JOSEPH SWANN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 22 CRIAGWOOD CT  
 City GREENVILLE State SC Zip Code 29607-3647  
 FEC ID number of contributing federal political committee. C  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt

06 / 29 / 2016

Transaction ID : SA11A.331266

Amount of Each Receipt this Period

250.00

☐ Memo Item

CONTRIBUTION

**B. HOWARD TALBITZER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4850 NW 18TH AVE  
 City CAMAS State WA Zip Code 98607-9407  
 FEC ID number of contributing federal political committee. C  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 300.00

Date of Receipt

06 / 27 / 2016

Transaction ID : SA11A.329254

Amount of Each Receipt this Period

300.00

☐ Memo Item

CONTRIBUTION

**C. TERESA TANIN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2313 LONGSPUR LOOP  
 City LINCOLN State CA Zip Code 95648-8770  
 FEC ID number of contributing federal political committee. C  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt

06 / 21 / 2016

Transaction ID : SA11A.324149

Amount of Each Receipt this Period

500.00

☐ Memo Item

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶

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

1050.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

PAGE 227 OF 2173

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

## **A. JAMES TANNER**

Mailing Address 9111 BALBOA AVE  
 APT 2

City State Zip Code  
 SAN SIMEON CA 93452-9772

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

06 / 24 / 2016

Transaction ID : SA11A.327891

Amount of Each Receipt this Period

200.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

## **B. CHIC THOMAS**

Mailing Address 144 FREEMAN RD

City State Zip Code  
 OROVILLE CA 95966-9396

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 22 / 2016

Transaction ID : SA11A.324977

Amount of Each Receipt this Period

250.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

## **C. JACK THOMAS**

Mailing Address P.O. BOX 2917

City State Zip Code  
 GRASS VALLEY CA 95945-2917

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

06 / 28 / 2016

Transaction ID : SA11A.329653

Amount of Each Receipt this Period

400.00

☐ Memo Item

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

850.00

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 228 OF 2173

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DANNY THOMPSON**

Mailing Address 812 S MAIN ST

City  
ALTUS

State Zip Code  
OK 73521-6635

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST EFF

INFORMATION REQUESTED PER BEST EFF

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 29 / 2016

Transaction ID : SA11A.330821

Amount of Each Receipt this Period

300.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**B. FRANCES THOMPSON**

Mailing Address 52 TUSCAN WAY  
STE 202 417

City

SAINT AUGUSTINE

State Zip Code  
FL 32092-1850

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST

INFORMATION REQUESTED PER BEST EFF

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 24 / 2016

Transaction ID : SA11A.327929

Amount of Each Receipt this Period

200.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**C. BRETT TIBBITTS**

Mailing Address P.O. BOX 10600

City  
ZEPHYR COVE

State Zip Code  
NV 89448-2600

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

SELF-EMPLOYED

ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 21 / 2016

Transaction ID : SA11A.333170

Amount of Each Receipt this Period

250.00

☐ Memo Item

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

750.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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

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(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

## **A. DENNIS TIDWELL**

Mailing Address 105 S HALDEMAN RD

City State Zip Code  
 ARTESIA NM 88210-9782

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST EFFC

INFORMATION REQUESTED PER BEST EFF

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 29 / 2016

Transaction ID : SA11A.330978

Amount of Each Receipt this Period

200.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

## **B. RICHARD TINKLER**

Mailing Address 39705 N 100TH ST

City State Zip Code  
 SCOTTSDALE AZ 85262-2933

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

RETIRED

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 23 / 2016

Transaction ID : SA11A.333327

Amount of Each Receipt this Period

1000.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

## **C. LLOYD TOLLEY**

Mailing Address 49 12TH ST

City State Zip Code  
 BUCHANAN VA 24066-5483

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST EFFC

INFORMATION REQUESTED PER BEST EFF

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 23 / 2016

Transaction ID : SA11A.325740

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

1300.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 230 OF 2173

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)  
**A. MR. AND MRS. JACK TOREY**

Mailing Address P.O. BOX 525

City State Zip Code  
 RIVERSIDE TX 77367-0525

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST EFFC

INFORMATION REQUESTED PER BEST EFF

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 06 / 16 / 2016

Transaction ID : SA11A.321290

Amount of Each Receipt this Period

1000.00

☐ Memo Item

CONTRIBUTION

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

Mailing Address P.O. BOX 85820

City State Zip Code  
 TUCSON AZ 85754-5820

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

MEDICAL EQUIPMENT DEVELOPMENT

BIOMEDICAL ENGINEER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 06 / 10 / 2016

Transaction ID : SA11A.317360

Amount of Each Receipt this Period

1000.00

☐ Memo Item

CONTRIBUTION

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

Mailing Address 24 BESEN PKWY

City State Zip Code  
 AIRMONT NY 10952-3509

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST EFFC

INFORMATION REQUESTED PER BEST EFF

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 06 / 13 / 2016

Transaction ID : SA11A.319618

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

2100.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

## **A. CAROLYN TUREK**

Mailing Address 6 PONDEROSA LN

City State Zip Code  
 PALOS VERDES PENIN CA 90274-1522

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST EFFC

INFORMATION REQUESTED PER BEST EFF

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

06 / 22 / 2016

Transaction ID : SA11A.325310

Amount of Each Receipt this Period

200.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

## **B. JOHN TURNER**

Mailing Address 1424 CRYSTAL SPRINGS RD

City State Zip Code  
 LINN CREEK MO 65052-2037

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST

INFORMATION REQUESTED PER BEST EFF

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

06 / 17 / 2016

Transaction ID : SA11A.322341

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

## **C. NANCY TURNER**

Mailing Address 86028 MELISSA RD

City State Zip Code  
 YULEE FL 32097-2923

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST EFFC

INFORMATION REQUESTED PER BEST EFF

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 22 / 2016

Transaction ID : SA11A.324975

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

400.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 232 OF 2173  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. AUDREY TYSON**

Mailing Address 9351 E ANDORA HILLS DR.

City	State	Zip Code
SCOTTSDALE	AZ	85262-2510

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST EFFC

INFORMATION REQUESTED PER BEST EFF

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	28	/	2016

Transaction ID : SA11A.329938

Amount of Each Receipt this Period

500.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**B. JODY TZIRLIN**

Mailing Address P.O. BOX 23

City	State	Zip Code
HAVERFORD	PA	19041-0023

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST

INFORMATION REQUESTED PER BEST EFF

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	16	/	2016

Transaction ID : SA11A.321115

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**C. MICHAL UNDERNEAR**

Mailing Address 224 ZION ST

City	State	Zip Code
LOWELL	AR	72745-9540

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST EFFC

INFORMATION REQUESTED PER BEST EFF

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	24	/	2016

Transaction ID : SA11A.327778

Amount of Each Receipt this Period

300.00

☐ Memo Item

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

900.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

## **A. GERI URBAN**

Mailing Address 700 BELLERIVE CT

City  
**LANSING**

State  
**KS**

Zip Code  
**66043-2240**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

INFORMATION REQUESTED PER BEST EFFC

Occupation

INFORMATION REQUESTED PER BEST EFF

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**275.00**

Date of Receipt

**06 / 13 / 2016**

**Transaction ID : SA11A.318902**

Amount of Each Receipt this Period

**100.00**

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

## **B. GERI URBAN**

Mailing Address 700 BELLERIVE CT

City  
**LANSING**

State  
**KS**

Zip Code  
**66043-2240**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

INFORMATION REQUESTED PER BEST

EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFF

Aggregate Year-to-Date ▼

**275.00**

Date of Receipt

**06 / 20 / 2016**

**Transaction ID : SA11A.322927**

Amount of Each Receipt this Period

**100.00**

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

## **C. LAURENCE VALLE**

Mailing Address 10024 SW 130TH TER

City  
**MIAMI**

State  
**FL**

Zip Code  
**33176-5613**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

INFORMATION REQUESTED PER BEST EFFC

Occupation

INFORMATION REQUESTED PER BEST EFF

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**1000.00**

Date of Receipt

**06 / 21 / 2016**

**Transaction ID : SA11A.323938**

Amount of Each Receipt this Period

**500.00**

☐ Memo Item

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

**700.00**

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. MARY VENETUCCI**

Mailing Address P.O. BOX 7048

City  
CAVE CREEKState  
AZZip Code  
85327-7048FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
06			22			2016			

Transaction ID : SA11A.324734

Amount of Each Receipt this Period

250.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**B. JOHN WALKER**

Mailing Address P.O. BOX G

City  
MERRILLState  
ORZip Code  
97633-0607FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
06			07			2016			

Transaction ID : SA11A.316068

Amount of Each Receipt this Period

375.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**C. JOHNNY WALKER**

Mailing Address 304 W SAINT LOUIS ST

City  
HOT SPRINGS NATIONState  
ARZip Code  
71913-4406FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
06			15			2016			

Transaction ID : SA11A.320973

Amount of Each Receipt this Period

150.00

☐ Memo Item

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

775.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. HAROLD WALLING**

Mailing Address 1002 MY RD

City  
ALVINState  
TXZip Code  
77511-2822FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID : SA11A.322829

Amount of Each Receipt this Period

1000.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**B. HERB WALPOLE**

Mailing Address 18927 ALDINE WESTFIELD RD

City

HOUSTON

State

TX

Zip Code

77073-3817

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID : SA11A.330137

Amount of Each Receipt this Period

200.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**C. DAVID WARD**

Mailing Address 12907 TIMBERLAND DR.

City

KEARNEY

State

MO

Zip Code

64060-7433

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	9		2	0	1	6

Transaction ID : SA11A.330658

Amount of Each Receipt this Period

500.00

☐ Memo Item

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1700.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. KEN WARD**

Mailing Address 14141 STATE HIGHWAY 138

City	State	Zip Code
HESPERIA	CA	92345-9339

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID : SA11A.329707

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**B. RICHARD&KAYLEEN WARDNER**

Mailing Address 1042 12TH AVE W

City	State	Zip Code
DICKINSON	ND	58601-3654

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED PER BEST  
EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFF

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID : SA11A.326391

Amount of Each Receipt this Period

500.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**C. JIM WARMAN**

Mailing Address P.O. BOX 925

City	State	Zip Code
SCOTTSDALE	AZ	85252-0925

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED PER BEST EFF

Occupation

INFORMATION REQUESTED PER BEST EFF

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

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

Transaction ID : SA11A.316023

Amount of Each Receipt this Period

150.00

☐ Memo Item

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

750.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. JOHN WASDIN**

Mailing Address 109 HABERSHAM PL

City  
CARROLLTONState  
GAZip Code  
30117-4160FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

254.72

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
06			10			2016			

Transaction ID : SA11A.317338

Amount of Each Receipt this Period

110.72

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**B. ANN WATKINS**

Mailing Address 137 BOULEVARD

City  
NEW MILFORDState  
NJZip Code  
07646-1701FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

BERGEN COMMUNITY COLLEGE

PROFESSOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

305.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
06			13			2016			

Transaction ID : SA11A.319189

Amount of Each Receipt this Period

50.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**C. ANN WATKINS**

Mailing Address 137 BOULEVARD

City  
NEW MILFORDState  
NJZip Code  
07646-1701FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

BERGEN COMMUNITY COLLEGE

PROFESSOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

305.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
06			16			2016			

Transaction ID : SA11A.321275

Amount of Each Receipt this Period

15.00

☐ Memo Item

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

175.72

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. ANN WATKINS**

Mailing Address 137 BOULEVARD

City

NEW MILFORD

State

NJ

Zip Code

07646-1701

FEC ID number of contributing  
federal political committee.

C

Name of Employer

BERGEN COMMUNITY COLLEGE

Occupation

PROFESSOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

305.00

Date of Receipt

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

Transaction ID : SA11A.327195

Amount of Each Receipt this Period

20.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**B. ANN WATKINS**

Mailing Address 137 BOULEVARD

City

NEW MILFORD

State

NJ

Zip Code

07646-1701

FEC ID number of contributing  
federal political committee.

C

Name of Employer

BERGEN COMMUNITY COLLEGE

Occupation

PROFESSOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

305.00

Date of Receipt

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

Transaction ID : SA11A.329584

Amount of Each Receipt this Period

20.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**C. JAMES WATSON**

Mailing Address 303 STILLWATER LN

City

DAWSONVILLE

State

GA

Zip Code

30534-3359

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED PER BEST EFF

Occupation

INFORMATION REQUESTED PER BEST EFF

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID : SA11A.329257

Amount of Each Receipt this Period

500.00

☐ Memo Item

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

540.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

## **A. DIANE WATT**

Mailing Address 212 ASHLEY ROAD 440

City  
CROSSETT

State Zip Code  
AR 71635-8766

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 20 / 2016

Transaction ID : SA11A.323439

Amount of Each Receipt this Period

200.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

## **B. GEORGE WEILAND**

Mailing Address 1917 MARGARET CT

City  
AURORA

State Zip Code  
IL 60505-1060

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED PER BEST  
EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFF

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 28 / 2016

Transaction ID : SA11A.329736

Amount of Each Receipt this Period

2500.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

## **C. DAN WELLS**

Mailing Address P.O. BOX 184

City  
MILFORD

State Zip Code  
IA 51351-0184

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

527.95

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 16 / 2016

Transaction ID : SA11A.321444

Amount of Each Receipt this Period

500.00

☐ Memo Item

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

3200.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
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 Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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 NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. JOHN WERN**

Mailing Address 88 CR 144

 City  
 CORINTH

 State Zip Code  
 MS 38834-1309

 FEC ID number of contributing  
 federal political committee.

C

Name of Employer

WERNER AIR

Occupation

SELF

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

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

Transaction ID : SA11A.332826

Amount of Each Receipt this Period

150.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**B. SHIRLEY WESTBROOK**

Mailing Address 2408 KAYOMING WAY

 City  
 BAKERSFIELD

 State Zip Code  
 CA 93306-3509

 FEC ID number of contributing  
 federal political committee.

C

Name of Employer

INFORMATION REQUESTED PER BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFF

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

 M M / D D / Y Y Y Y Y Y  
 06 / 13 / 2016

Transaction ID : SA11A.318887

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**C. NILES WHEELER**

Mailing Address 342 KILLEARN RD

 City  
 MILLBROOK

 State Zip Code  
 NY 12545-6219

 FEC ID number of contributing  
 federal political committee.

C

Name of Employer

INFORMATION REQUESTED PER BEST EFF

Occupation

INFORMATION REQUESTED PER BEST EFF

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

 M M / D D / Y Y Y Y Y Y  
 06 / 21 / 2016

Transaction ID : SA11A.324092

Amount of Each Receipt this Period

250.00

☐ Memo Item

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

500.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

## **A. CARL WHITE**

Mailing Address 3421 W DESERT BEND LOOP

City State Zip Code  
TUCSON AZ 85742-9384

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST EFFC

INFORMATION REQUESTED PER BEST EFF

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 03 / 2016

**Transaction ID : SA11A.313833**

Amount of Each Receipt this Period

500.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

## **B. JAMES WHITE**

Mailing Address 389 HOUSTON PARKER RD

City State Zip Code  
MORRISON TN 37357-3785

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

RETIRED

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 23 / 2016

**Transaction ID : SA11A.325577**

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

## **C. JOAN WHITE**

Mailing Address 1517 SPINNAKER LN

City State Zip Code  
HALF MOON BAY CA 94019-1556

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST EFFC

INFORMATION REQUESTED PER BEST EFF

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 03 / 2016

**Transaction ID : SA11A.314010**

Amount of Each Receipt this Period

75.00

☐ Memo Item

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

675.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. JOAN WHITE**

Mailing Address 1517 SPINNAKER LN

City State Zip Code  
 HALF MOON BAY CA 94019-1556

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 13 / 2016

Transaction ID : SA11A.319180

Amount of Each Receipt this Period

75.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**B. JOAN WHITE**

Mailing Address 1517 SPINNAKER LN

City State Zip Code  
 HALF MOON BAY CA 94019-1556

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 23 / 2016

Transaction ID : SA11A.325571

Amount of Each Receipt this Period

50.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**C. LARRY WHITE**

Mailing Address 13324 CALVARY RD

City State Zip Code  
 WILLIS TX 77318-6805

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

RETIRED

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 27 / 2016

Transaction ID : SA11A.328461

Amount of Each Receipt this Period

300.00

☐ Memo Item

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

425.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
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(check only one)

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. SHARON WHITE**

Mailing Address 707 CHELSEA ST

City  
HAYSVILLEState  
KSZip Code  
67060-7401FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

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

Transaction ID : SA11A.315240

Amount of Each Receipt this Period

200.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**B. PHILIP WHITMAN**

Mailing Address 33-24 LENOX DR.

City  
FAIR LAWNState  
NJZip Code  
07410-4010FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST  
EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	17	/	2016

Transaction ID : SA11A.321843

Amount of Each Receipt this Period

500.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**C. PETER WIECHERS**

Mailing Address 33 HOPKINS HILL RD

City  
WEST GREENWICHState  
RIZip Code  
02817-1707FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	09	/	2016

Transaction ID : SA11A.318327

Amount of Each Receipt this Period

300.00

☐ Memo Item

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1000.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DORIS WILKERSON**

Mailing Address 712 W AVENUE R12

City

PALMDALE

State

CA

Zip Code

93551-7700

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST EFFC

INFORMATION REQUESTED PER BEST EFF

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 07 / 2016

Transaction ID : SA11A.315866

Amount of Each Receipt this Period

50.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**B. DORIS WILKERSON**

Mailing Address 712 W AVENUE R12

City

PALMDALE

State

CA

Zip Code

93551-7700

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST

INFORMATION REQUESTED PER BEST EFF

EFFORTS  
Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 16 / 2016

Transaction ID : SA11A.321393

Amount of Each Receipt this Period

75.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**C. DORIS WILKERSON**

Mailing Address 712 W AVENUE R12

City

PALMDALE

State

CA

Zip Code

93551-7700

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST EFFC

INFORMATION REQUESTED PER BEST EFF

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 21 / 2016

Transaction ID : SA11A.324119

Amount of Each Receipt this Period

75.00

☐ Memo Item

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

200.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
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(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

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

Mailing Address 712 W AVENUE R12

City PALMDALE State CA Zip Code 93551-7700

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

Name of Employer Occupation  
INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF

Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
320.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	22	/	2016

Transaction ID : SA11A.325290

Amount of Each Receipt this Period

25.00

☐ Memo Item

CONTRIBUTION

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

Mailing Address P.O. BOX 68

City IRVINGTON State AL Zip Code 36544-0068

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

Name of Employer Occupation  
INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF

Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	16	/	2016

Transaction ID : SA11A.321545

Amount of Each Receipt this Period

500.00

☐ Memo Item

CONTRIBUTION

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

Mailing Address 80 SECLUSION INN RD

City RIDGWAY State PA Zip Code 15853-9150

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

Name of Employer Occupation  
INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF

Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	27	/	2016

Transaction ID : SA11A.329246

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶

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

625.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DAVID WILLIAMS**

Mailing Address 4142 NEWMANS NECK RD

City  
HEATHSVILLEState  
VAZip Code  
22473-2267FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	21	/	2016

Transaction ID : SA11A.323784

Amount of Each Receipt this Period

200.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**B. ERIK WILLIAMSON**Mailing Address 2110 N PEAK ST  
APT 1206City  
DALLASState  
TXZip Code  
75204-3639FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST  
EFFORTSINFORMATION REQUESTED PER BEST  
EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	03	/	2016

Transaction ID : SA11A.314162

Amount of Each Receipt this Period

150.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**C. HERSCHEL WILLIAMS**

Mailing Address 9453 JAMAICA BEACH

City  
GALVESTONState  
TXZip Code  
77554-8602FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

SELF-INTEGRAL SALES, LLC

SALES/OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	10	/	2016

Transaction ID : SA11A.332938

Amount of Each Receipt this Period

250.00

☐ Memo Item

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

600.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 247 OF 2173

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. JOAN WILLIAMS**

Mailing Address 4925 RIVER VIEW DR.

City

FORT WORTH

State

TX

Zip Code

76132-1128

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED PER BEST EFFC

Occupation

INFORMATION REQUESTED PER BEST EFF

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 08 / 2016

Transaction ID : SA11A.316697

Amount of Each Receipt this Period

50.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**B. JOAN WILLIAMS**

Mailing Address 4925 RIVER VIEW DR.

City

FORT WORTH

State

TX

Zip Code

76132-1128

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED PER BEST

EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFF

Aggregate Year-to-Date ▼

290.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 14 / 2016

Transaction ID : SA11A.320408

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**C. L WILLIAMS**

Mailing Address 156 E MARKET ST

City

INDIANAPOLIS

State

IN

Zip Code

46204-3290

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED PER BEST EFFC

Occupation

INFORMATION REQUESTED PER BEST EFF

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 13 / 2016

Transaction ID : SA11A.319467

Amount of Each Receipt this Period

500.00

☐ Memo Item

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

650.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. RANDY WILLIS**

Mailing Address 123 TIGER HILL DR.

City  
 JACKSONVILLE

State Zip Code  
 NC 28546-6296

FEC ID number of contributing  
 federal political committee.

C

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST EFF

INFORMATION REQUESTED PER BEST EFF

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 06 / 27 / 2016

Transaction ID : SA11A.328554

Amount of Each Receipt this Period

150.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**B. SIDNEY WILLIAMS**

Mailing Address 214 BECKY'S CREEK RD

City  
 HAMPSTEAD

State Zip Code  
 NC 28443-2849

FEC ID number of contributing  
 federal political committee.

C

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST

INFORMATION REQUESTED PER BEST EFF

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 06 / 24 / 2016

Transaction ID : SA11A.327515

Amount of Each Receipt this Period

250.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**C. DAVID WILSON**

Mailing Address 8036 MOORSBRIDGE ROAD

City  
 PORTAGE

State Zip Code  
 MI 49024-

FEC ID number of contributing  
 federal political committee.

C

Name of Employer

Occupation

J M WILSON CORP

INSURANCE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 06 / 16 / 2016

Transaction ID : SA11A.333049

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

500.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 249 OF 2173

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. TONI WIRTH**

Mailing Address 12016 EXCELSIOR WAY

City	State	Zip Code
DALLAS	TX	75230-2243

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST EFF

INFORMATION REQUESTED PER BEST EFF

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	30	/	2016

Transaction ID : SA11A.332110

Amount of Each Receipt this Period

500.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**B. NICHOLAS WISNER**

Mailing Address P.O. BOX 1993

City	State	Zip Code
NEWPORT	OR	97365-0141

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST

INFORMATION REQUESTED PER BEST EFF

EFFORTS  
Receipt For:
☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	30	/	2016

Transaction ID : SA11A.332020

Amount of Each Receipt this Period

500.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**C. SHEILA WOLLEN**

Mailing Address 1021 FRANCISCO STREET

City	State	Zip Code
SAN FRANCISCO	CA	94109-1126

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

RETIRED

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	26	/	2016

Transaction ID : SA11A.333386

Amount of Each Receipt this Period

250.00

☐ Memo Item

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1250.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

**A. GERALD WOOLSEY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1588 TRI COUNTY RD  
 City State Zip Code  
 BROOKS GA 30205-2555  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 300.00

Date of Receipt

**06 / 20 / 2016**

**Transaction ID : SA11A.323311**

Amount of Each Receipt this Period

300.00

☐ Memo Item

CONTRIBUTION

**B. JERRY WRIGHT**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 201 SFC 447  
 City State Zip Code  
 WIDENER AR 72394-9562  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt

**06 / 27 / 2016**

**Transaction ID : SA11A.328543**

Amount of Each Receipt this Period

150.00

☐ Memo Item

CONTRIBUTION

**C. WILLIAM WRIGHT**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3550 CHERRY HILL DR.  
 City State Zip Code  
 ORLANDO FL 32822-3029  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt

**06 / 13 / 2016**

**Transaction ID : SA11A.319623**

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

550.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. JAMES WYATT**

Mailing Address 210 WELLS RD

City  
VICKSBURG

State Zip Code  
MS 39183-9374

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 14 / 2016

Transaction ID : SA11A.320430

Amount of Each Receipt this Period

50.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**B. LILI YAZDANI**

Mailing Address 301 N HIBISCUS DR.

City  
MIAMI BEACH

State Zip Code  
FL 33139-5123

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

575.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 28 / 2016

Transaction ID : SA11A.329705

Amount of Each Receipt this Period

500.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**C. MARTY YORK**

Mailing Address P.O. BOX 129

City  
MARROWBONE

State Zip Code  
KY 42759-0129

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 20 / 2016

Transaction ID : SA11A.323384

Amount of Each Receipt this Period

500.00

☐ Memo Item

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

1050.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

## **A. JAMES YOUNG**

Mailing Address P.O. BOX 187

City  
**WEBSTER**

State Zip Code  
**FL 33597-0187**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**1100.00**

Date of Receipt

**06 / 06 / 2016**

**Transaction ID : SA11A.314760**

Amount of Each Receipt this Period

**1000.00**

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

## **B. JAMES YOUNG**

Mailing Address P.O. BOX 187

City  
**WEBSTER**

State Zip Code  
**FL 33597-0187**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**1100.00**

Date of Receipt

**06 / 10 / 2016**

**Transaction ID : SA11A.317365**

Amount of Each Receipt this Period

**100.00**

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

## **C. THOMAS YOUNG**

Mailing Address P.O. BOX 325

City  
**FLINT**

State Zip Code  
**TX 75762-0325**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**2500.00**

Date of Receipt

**06 / 29 / 2016**

**Transaction ID : SA11A.330848**

Amount of Each Receipt this Period

**2500.00**

☐ Memo Item

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

**3600.00**

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

## **A. BERNICE ZEBAS**

Mailing Address 1204 N WESTERN AVE  
 1204 N WESTERN AVE

City State Zip Code  
 BLOOMINGTON IL 61701-1563

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST EFFC

INFORMATION REQUESTED PER BEST EFF

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2016

Transaction ID : SA11A.331781

Amount of Each Receipt this Period

300.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

## **B. JAMES ZINKAND**

Mailing Address 3682 QUARTZ CIR

City State Zip Code  
 WICKENBURG AZ 85390-2728

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST

INFORMATION REQUESTED PER BEST EFF

EFFORTS  
 Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 08 / 2016

Transaction ID : SA11A.316744

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

## **C. JAMES ZINKAND**

Mailing Address 3682 QUARTZ CIR

City State Zip Code  
 WICKENBURG AZ 85390-2728

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST EFFC

INFORMATION REQUESTED PER BEST EFF

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 29 / 2016

Transaction ID : SA11A.330386

Amount of Each Receipt this Period

50.00

☐ Memo Item

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

450.00

291269.72

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
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<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input checked="" type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. CAMPAIGN SOLUTIONS**

Mailing Address 117 N. SAINT ASAPH ST

City	State	Zip Code
ALEXANDRIA	VA	22314

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15340.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	17	/	2016

Transaction ID : SA15.90128

Amount of Each Receipt this Period

15340.00

☐ Memo Item

REFUND OF OVERPYMENT

Full Name (Last, First, Middle Initial)

**B. EFUNDRAISING CONNECTIONS**Mailing Address 2131 CAPITOL AVE  
SUITE 306

City	State	Zip Code
SACRAMENTO	CA	95816

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

203.22

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	22	/	2016

Transaction ID : SA15.85874

Amount of Each Receipt this Period

57.21

☐ Memo Item

REFUND OF PAYMENT PROCESSING FEES

Full Name (Last, First, Middle Initial)

**C. EFUNDRAISING CONNECTIONS**Mailing Address 2131 CAPITOL AVE  
SUITE 306

City	State	Zip Code
SACRAMENTO	CA	95816

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

203.22

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	23	/	2016

Transaction ID : SA15.85877

Amount of Each Receipt this Period

137.50

☐ Memo Item

REFUND OF PAYMENT PROCESSING FEES

SUBTOTAL of Receipts This Page (optional)..... ►

15534.71

TOTAL This Period (last page this line number only)..... ►

15534.71

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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for each category of the  
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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

<b>A. FAY ADAMSON</b> Full Name (Last, First, Middle Initial) Mailing Address 1950 SILVERLEAF CIR 135 City CARLSBAD State CA Zip Code 92009- FEC ID number of contributing federal political committee. <b>C</b> Name of Employer RETIRED Occupation RETIRED Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00			Date of Receipt M M / D D / Y Y Y Y Y 06 / 29 / 2016 <b>Transaction ID : SA17.351530</b> Amount of Each Receipt this Period 5.00 <input type="checkbox"/> Memo Item CONTRIBUTION NON CONTRIBUTION ACCOUNT; EARMARKED CONTRIBUTION FOR DONALD J TRUMP FOR PRESIDENT, INC. COMMITTEE ID		
<b>B. FAY ADAMSON</b> Full Name (Last, First, Middle Initial) Mailing Address 1950 SILVERLEAF CIR 135 City CARLSBAD State CA Zip Code 92009- FEC ID number of contributing federal political committee. <b>C</b> Name of Employer RETIRED Occupation RETIRED Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00			Date of Receipt M M / D D / Y Y Y Y Y 06 / 29 / 2016 <b>Transaction ID : SA17.354416</b> Amount of Each Receipt this Period 245.00 <input type="checkbox"/> Memo Item CONTRIBUTION NON CONTRIBUTION ACCOUNT		
<b>C. GARY ADAMS</b> Full Name (Last, First, Middle Initial) Mailing Address 3420-H W MACARTHUR BLVD City SANTA ANA State CA Zip Code 92704-6853 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer ADAMS PROPERTIES Occupation PROPERTY MANAGEMENT Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 900.00			Date of Receipt M M / D D / Y Y Y Y Y 06 / 17 / 2016 <b>Transaction ID : SA17.347349</b> Amount of Each Receipt this Period 100.00 <input type="checkbox"/> Memo Item CONTRIBUTION NON CONTRIBUTION ACCOUNT		
<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶			350.00		
<b>TOTAL</b> This Period (last page this line number only)..... ▶					

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

## **A. GARY ADAMS**

Mailing Address 3420-H W MACARTHUR BLVD

City State Zip Code  
SANTA ANA CA 92704-6853

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ADAMS PROPERTIES

Occupation  
PROPERTY MANAGEMENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 22 / 2016

Transaction ID : SA17.350622

Amount of Each Receipt this Period

5.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT; EARMARKED  
CONTRIBUTION FOR DONALD J TRUMP FOR  
PRESIDENT, INC. COMMITTEE ID

Full Name (Last, First, Middle Initial)

## **B. GARY ADAMS**

Mailing Address 3420-H W MACARTHUR BLVD

City State Zip Code  
SANTA ANA CA 92704-6853

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ADAMS PROPERTIES

Occupation  
PROPERTY MANAGEMENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 22 / 2016

Transaction ID : SA17.354254

Amount of Each Receipt this Period

95.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

## **C. JOHN ADAMS**

Mailing Address 1616 S. PENINSULA DR.

City State Zip Code  
DAYTONA BEACH FL 32118-4948

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 03 / 2016

Transaction ID : SA17.344965

Amount of Each Receipt this Period

50.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

150.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

## **A. JOHN ADAMS**

Mailing Address 1616 S. PENINSULA DR.

City State Zip Code  
 DAYTONA BEACH FL 32118-4948

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

06 / 22 / 2016

Transaction ID : SA17.350128

Amount of Each Receipt this Period

5.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT; EARMARKED  
CONTRIBUTION FOR DONALD J TRUMP FOR  
PRESIDENT, INC. COMMITTEE ID

Full Name (Last, First, Middle Initial)

## **B. JOHN ADAMS**

Mailing Address 1616 S. PENINSULA DR.

City State Zip Code  
 DAYTONA BEACH FL 32118-4948

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

06 / 22 / 2016

Transaction ID : SA17.354389

Amount of Each Receipt this Period

245.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

## **C. WILLIAM ADAMS**

Mailing Address 208 TOYON DR.

City State Zip Code  
 WOODLAND CA 95695-

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

06 / 29 / 2016

Transaction ID : SA17.348765

Amount of Each Receipt this Period

2500.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

2750.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial) <b>A. WILLIAM ADAMS</b>			Date of Receipt <div> <div>MM / DD / YYYY</div> <div>06 / 29 / 2016</div> </div>
Mailing Address 208 TOYON DR.			<b>Transaction ID : SA17.348766</b>
City WOODLAND	State CA	Zip Code 95695-	Amount of Each Receipt this Period <div> <div>Amount</div> <div>2500.00</div> </div>
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item
Name of Employer RETIRED		Occupation RETIRED	CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <div> <div>Amount</div> <div>5000.00</div> </div>	NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial) <b>B. JEANNE ADKINS</b>			Date of Receipt <div> <div>MM / DD / YYYY</div> <div>06 / 27 / 2016</div> </div>
Mailing Address 1940 TEE LANE			<b>Transaction ID : SA17.348662</b>
City CASTLE ROCK	State CO	Zip Code 80104-	Amount of Each Receipt this Period <div> <div>Amount</div> <div>500.00</div> </div>
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item
Name of Employer SELF-EMPLOYED		Occupation SELF-EMPLOYED CONSULTING	CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <div> <div>Amount</div> <div>500.00</div> </div>	NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial) <b>C. HAROLD ALLEN</b>			Date of Receipt <div> <div>MM / DD / YYYY</div> <div>06 / 23 / 2016</div> </div>
Mailing Address 713 WAKEFIELD CT			<b>Transaction ID : SA17.348648</b>
City EL PASO	State TX	Zip Code 79922-2127	Amount of Each Receipt this Period <div> <div>Amount</div> <div>500.00</div> </div>
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item
Name of Employer RETIRED		Occupation RETIRED	CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <div> <div>Amount</div> <div>1000.00</div> </div>	NON CONTRIBUTION ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

3500.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

## **A. HAROLD ALLEN**

Mailing Address 1093 A1A BEACH BLVD

City State Zip Code  
SAINT AUGUSTINE FL 32080-6733

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF

Occupation

ORTHOPEDIC SURGEON

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 23 / 2016

Transaction ID : SA17.351316

Amount of Each Receipt this Period

5.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT; EARMARKED  
CONTRIBUTION FOR DONALD J TRUMP FOR  
PRESIDENT, INC. COMMITTEE ID

Full Name (Last, First, Middle Initial)

## **B. HAROLD ALLEN**

Mailing Address 1093 A1A BEACH BLVD

City State Zip Code  
SAINT AUGUSTINE FL 32080-6733

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF

Occupation

ORTHOPEDIC SURGEON

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 23 / 2016

Transaction ID : SA17.354411

Amount of Each Receipt this Period

245.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

## **C. GEORGE ALLIBONE**

Mailing Address 3749 INWOOD DRIVE``

City State Zip Code  
HOUSTON TX 77019-

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF

Occupation

MEDICAL DOCTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 02 / 2016

Transaction ID : SA17.344942

Amount of Each Receipt this Period

50.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

300.00

	11a		11b		11c		12		
	13		14		15		16	<input checked="" type="checkbox"/>	17

NAME OF COMMITTEE (In Full)  
GREAT AMERICA PAC

NON CONTRIBUTION ACCOUNT

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
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 NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial) <b>A. HOWARD ANDERSON</b>			Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 18 / 2016 <b>Transaction ID : SA17.348625</b>	
Mailing Address P.O. BOX 902710				
City SANDY	State UT	Zip Code 84090-	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item CONTRIBUTION	
Name of Employer RETIRED		Occupation RETIRED	NON CONTRIBUTION ACCOUNT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) <b>B. RICHARD ANGELO</b>			Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 29 / 2016 <b>Transaction ID : SA17.348180</b>	
Mailing Address 11774 MONTE LEON WAY				
City NORTHRIDGE	State CA	Zip Code 91326-1514	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item CONTRIBUTION	
Name of Employer STAY GREEN INC		Occupation LANDSCAPE CONTRACTOR	NON CONTRIBUTION ACCOUNT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 350.00		

Full Name (Last, First, Middle Initial) <b>C. THOMAS ANGELOZZI</b>			Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 04 / 2016 <b>Transaction ID : SA17.349237</b>	
Mailing Address 1905 DURBIN DR.				
City FINKSBURG	State MD	Zip Code 21048-2236	Amount of Each Receipt this Period 5.00	
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item CONTRIBUTION	
Name of Employer RETIRED		Occupation RETIRED	NON CONTRIBUTION ACCOUNT; EARMARKED CONTRIBUTION FOR DONALD J TRUMP FOR PRESIDENT, INC. COMMITTEE ID	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 400.00		

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

605.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial) <b>A. THOMAS ANGELOZZI</b>			Date of Receipt <div> <div>M M / D D / Y Y Y Y Y Y</div> <div>06 / 04 / 2016</div> </div> <b>Transaction ID : SA17.354368</b>	
Mailing Address 1905 DURBIN DR.			Amount of Each Receipt this Period <div> <div>195.00</div> </div> <input type="checkbox"/> Memo Item <b>CONTRIBUTION</b>	
City FINKSBURG	State MD	Zip Code 21048-2236	<b>NON CONTRIBUTION ACCOUNT</b>	
FEC ID number of contributing federal political committee. <div> <div>C</div> </div>				
Name of Employer RETIRED	Occupation RETIRED			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <div> <div>400.00</div> </div>		

Full Name (Last, First, Middle Initial) <b>B. THOMAS ARCHIBALD</b>			Date of Receipt <div> <div>M M / D D / Y Y Y Y Y Y</div> <div>06 / 20 / 2016</div> </div> <b>Transaction ID : SA17.347479</b>	
Mailing Address 2505 SIERRA VISTA RD.			Amount of Each Receipt this Period <div> <div>100.00</div> </div> <input type="checkbox"/> Memo Item <b>CONTRIBUTION</b>	
City ARTESIA	State NM	Zip Code 88210-9429	<b>NON CONTRIBUTION ACCOUNT</b>	
FEC ID number of contributing federal political committee. <div> <div>C</div> </div>				
Name of Employer RETIRED	Occupation RETIRED			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <div> <div>450.00</div> </div>		

Full Name (Last, First, Middle Initial) <b>C. THOMAS ARCHIBALD</b>			Date of Receipt <div> <div>M M / D D / Y Y Y Y Y Y</div> <div>06 / 14 / 2016</div> </div> <b>Transaction ID : SA17.349930</b>	
Mailing Address 2505 SIERRA VISTA RD.			Amount of Each Receipt this Period <div> <div>5.00</div> </div> <input type="checkbox"/> Memo Item <b>CONTRIBUTION</b>	
City ARTESIA	State NM	Zip Code 88210-9429	<b>NON CONTRIBUTION ACCOUNT; EARMARKED CONTRIBUTION FOR DONALD J TRUMP FOR PRESIDENT, INC. COMMITTEE ID</b>	
FEC ID number of contributing federal political committee. <div> <div>C</div> </div>				
Name of Employer RETIRED	Occupation RETIRED			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <div> <div>450.00</div> </div>		

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

300.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial) <b>A. THOMAS ARCHIBALD</b>			Date of Receipt <div> <div>M M / D D / Y Y Y Y Y Y</div> <div>06 / 14 / 2016</div> </div>	
Mailing Address 2505 SIERRA VISTA RD.			<b>Transaction ID : SA17.354156</b>	
City ARTESIA	State NM	Zip Code 88210-9429	Amount of Each Receipt this Period <div> <div>95.00</div> </div>	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item		
Name of Employer RETIRED		Occupation RETIRED		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <div> <div>450.00</div> </div>		
			CONTRIBUTION	
			NON CONTRIBUTION ACCOUNT	

Full Name (Last, First, Middle Initial) <b>B. PAUL ARDI</b>			Date of Receipt <div> <div>M M / D D / Y Y Y Y Y Y</div> <div>06 / 08 / 2016</div> </div>	
Mailing Address 3204 RAIN DANCE CV			<b>Transaction ID : SA17.348598</b>	
City AUSTIN	State TX	Zip Code 78746-	Amount of Each Receipt this Period <div> <div>500.00</div> </div>	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item		
Name of Employer RETIRED		Occupation RETIRED		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <div> <div>500.00</div> </div>		
			CONTRIBUTION	
			NON CONTRIBUTION ACCOUNT	

Full Name (Last, First, Middle Initial) <b>C. PAUL ARDI</b>			Date of Receipt <div> <div>M M / D D / Y Y Y Y Y Y</div> <div>06 / 24 / 2016</div> </div>	
Mailing Address 3204 RAIN FANCE CV			<b>Transaction ID : SA17.351350</b>	
City AUSTIN	State TX	Zip Code 78746-	Amount of Each Receipt this Period <div> <div>5.00</div> </div>	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item		
Name of Employer RETIRED		Occupation RETIRED		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <div> <div>500.00</div> </div>		
			CONTRIBUTION	
			NON CONTRIBUTION ACCOUNT; EARMARKED CONTRIBUTION FOR DONALD J TRUMP FOR PRESIDENT, INC. COMMITTEE ID	

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

600.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

## **A. PAUL ARDI**

Mailing Address 3204 RAIN FANCE CV

City  
**AUSTIN**

State  
**TX**

Zip Code  
**78746-**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**RETIRED**

Occupation

**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**500.00**

Date of Receipt

**06 / 24 / 2016**

**Transaction ID : SA17.354444**

Amount of Each Receipt this Period

**495.00**

☐ Memo Item

**CONTRIBUTION**

**NON CONTRIBUTION ACCOUNT**

Full Name (Last, First, Middle Initial)

## **B. FRED ARKENBERG**

Mailing Address 1900 VIA VISALIA

City

**PALOS VERDES PENIN**

State

**CA**

Zip Code

**90274-**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**RETIRED**

Occupation

**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**250.00**

Date of Receipt

**06 / 30 / 2016**

**Transaction ID : SA17.348565**

Amount of Each Receipt this Period

**250.00**

☐ Memo Item

**CONTRIBUTION**

**NON CONTRIBUTION ACCOUNT**

Full Name (Last, First, Middle Initial)

## **C. ROBERTA ARMSTRONG**

Mailing Address 2276 MILL ROAD

City

**BINGHAMTON**

State

**NY**

Zip Code

**13903-6144**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**ARMSTRONG TELECOM**

Occupation

**TELECOM**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**550.00**

Date of Receipt

**06 / 08 / 2016**

**Transaction ID : SA17.345104**

Amount of Each Receipt this Period

**50.00**

☐ Memo Item

**CONTRIBUTION**

**NON CONTRIBUTION ACCOUNT**

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

**795.00**



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
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(check only one)

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<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

<b>A. ROBERTA ARMSTRONG</b> Full Name (Last, First, Middle Initial) Mailing Address 2276 MILL ROAD City BINGHAMTON State NY Zip Code 13903-6144 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer ARMSTRONG TELECOM Occupation TELECOM Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 550.00			Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 13 / 2016 <b>Transaction ID : SA17.349656</b> Amount of Each Receipt this Period 5.00 <input type="checkbox"/> Memo Item CONTRIBUTION NON CONTRIBUTION ACCOUNT; EARMARKED CONTRIBUTION FOR DONALD J TRUMP FOR PRESIDENT, INC. COMMITTEE ID
<b>B. ROBERTA ARMSTRONG</b> Full Name (Last, First, Middle Initial) Mailing Address 2276 MILL ROAD City BINGHAMTON State NY Zip Code 13903-6144 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer ARMSTRONG TELECOM Occupation TELECOM Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 550.00			Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 13 / 2016 <b>Transaction ID : SA17.352560</b> Amount of Each Receipt this Period 20.00 <input type="checkbox"/> Memo Item CONTRIBUTION NON CONTRIBUTION ACCOUNT
<b>C. SARA ARNOLD</b> Full Name (Last, First, Middle Initial) Mailing Address 1701 WEDGEWOOD DR. WEST City ELM GROVE State WI Zip Code 53122- FEC ID number of contributing federal political committee. <b>C</b> Name of Employer RETIRED Occupation RETIRED Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00			Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 21 / 2016 <b>Transaction ID : SA17.345938</b> Amount of Each Receipt this Period 50.00 <input type="checkbox"/> Memo Item CONTRIBUTION NON CONTRIBUTION ACCOUNT
<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶			75.00
<b>TOTAL</b> This Period (last page this line number only)..... ▶			

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

<b>A. SARA ARNOLD</b> Full Name (Last, First, Middle Initial) Mailing Address 1701 WEDGEWOOD DR. WEST City ELM GROVE State WI Zip Code 53122- FEC ID number of contributing federal political committee. <b>C</b> Name of Employer RETIRED Occupation RETIRED Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00			Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 07 / 2016 <b>Transaction ID : SA17.348388</b> Amount of Each Receipt this Period 250.00 <input type="checkbox"/> Memo Item CONTRIBUTION NON CONTRIBUTION ACCOUNT		
<b>B. KENNETH ARTHUR</b> Full Name (Last, First, Middle Initial) Mailing Address 7224 SPINNAKER AVE NE City TUSCALOOSA State AL Zip Code 35406-1306 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer RETIRED Occupation RETIRED Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00			Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 01 / 2016 <b>Transaction ID : SA17.348364</b> Amount of Each Receipt this Period 250.00 <input type="checkbox"/> Memo Item CONTRIBUTION NON CONTRIBUTION ACCOUNT		
<b>C. ALBERT BABBITT</b> Full Name (Last, First, Middle Initial) Mailing Address 32 BURNING TREE CT. City LAS VEGAS State NV Zip Code 89113- FEC ID number of contributing federal political committee. <b>C</b> Name of Employer STATE TAX SERVICES, LLC Occupation CONSULTANT Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00			Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 22 / 2016 <b>Transaction ID : SA17.350810</b> Amount of Each Receipt this Period 5.00 <input type="checkbox"/> Memo Item CONTRIBUTION NON CONTRIBUTION ACCOUNT; EARMARKED CONTRIBUTION FOR DONALD J TRUMP FOR PRESIDENT, INC. COMMITTEE ID		
<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶			505.00		
<b>TOTAL</b> This Period (last page this line number only)..... ▶					

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
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(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. ALBERT BABBITT**

Mailing Address 32 BURNING TREE CT.

City  
LAS VEGASState  
NVZip Code  
89113-FEC ID number of contributing  
federal political committee.

C

Name of Employer  
STATE TAX SERVICES, LLCOccupation  
CONSULTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	22	/	2016

Transaction ID : SA17.354449

Amount of Each Receipt this Period

995.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**B. WALTER BAHLER**

Mailing Address 5927 S CREEKSIDE CT

City  
REMINGTONState  
INZip Code  
47977-8867FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	02	/	2016

Transaction ID : SA17.333839

Amount of Each Receipt this Period

25.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**C. WALTER BAHLER**

Mailing Address 5927 S CREEKSIDE CT

City  
REMINGTONState  
INZip Code  
47977-8867FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	02	/	2016

Transaction ID : SA17.340578

Amount of Each Receipt this Period

25.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1045.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial) <b>A. CHARLES A BAKER JR.</b>			Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 11 / 2016 <b>Transaction ID : SA17.347164</b>	
Mailing Address 31 WOODLAWN AVENUE APT# 2			Amount of Each Receipt this Period 100.00	
City POUGHKEEPSIE	State NY	Zip Code 12601-1445	<input type="checkbox"/> Memo Item CONTRIBUTION	
FEC ID number of contributing federal political committee. C		NON CONTRIBUTION ACCOUNT		
Name of Employer WE MUST DEFEAT THE CORRUPT CROOK N	Occupation RETIRED	Aggregate Year-to-Date ▼ 265.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				

Full Name (Last, First, Middle Initial) <b>B. CHARLES A BAKER JR.</b>			Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 30 / 2016 <b>Transaction ID : SA17.348285</b>	
Mailing Address 31 WOODLAWN AVENUE APT# 2			Amount of Each Receipt this Period 100.00	
City POUGHKEEPSIE	State NY	Zip Code 12601-1445	<input type="checkbox"/> Memo Item CONTRIBUTION	
FEC ID number of contributing federal political committee. C		NON CONTRIBUTION ACCOUNT		
Name of Employer WE MUST DEFEAT THE CORRUPT CROOK NAMED	Occupation RETIRED	Aggregate Year-to-Date ▼ 265.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				

Full Name (Last, First, Middle Initial) <b>C. CHARLES A BAKER JR.</b>			Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 11 / 2016 <b>Transaction ID : SA17.349399</b>	
Mailing Address 31 WOODLAWN AVENUE APT# 2			Amount of Each Receipt this Period 5.00	
City POUGHKEEPSIE	State NY	Zip Code 12601-1445	<input type="checkbox"/> Memo Item CONTRIBUTION	
FEC ID number of contributing federal political committee. C		NON CONTRIBUTION ACCOUNT; EARMARKED CONTRIBUTION FOR DONALD J TRUMP FOR PRESIDENT, INC. COMMITTEE ID		
Name of Employer WE MUST DEFEAT THE CORRUPT CROOK N	Occupation RETIRED	Aggregate Year-to-Date ▼ 265.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

205.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial) <b>A. CHARLES A BAKER JR.</b>			Date of Receipt <div> <div>M M / D D / Y Y Y Y Y Y</div> <div>06 / 11 / 2016</div> </div>	
Mailing Address 31 WOODLAWN AVENUE APT# 2			<b>Transaction ID : SA17.351961</b>	
City POUGHKEEPSIE	State NY	Zip Code 12601-1445	Amount of Each Receipt this Period <div> <div>10.00</div> </div>	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item CONTRIBUTION		
Name of Employer WE MUST DEFEAT THE CORRUPT CROOK N		Occupation RETIRED		NON CONTRIBUTION ACCOUNT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <div> <div>265.00</div> </div>		

Full Name (Last, First, Middle Initial) <b>B. HERBERT BALTER</b>			Date of Receipt <div> <div>M M / D D / Y Y Y Y Y Y</div> <div>06 / 14 / 2016</div> </div>	
Mailing Address 33 SUNSET AVE			<b>Transaction ID : SA17.341883</b>	
City VENICE	State CA	Zip Code 90291-2516	Amount of Each Receipt this Period <div> <div>25.00</div> </div>	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item CONTRIBUTION		
Name of Employer RETIRED		Occupation RETIRED		NON CONTRIBUTION ACCOUNT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <div> <div>225.00</div> </div>		

Full Name (Last, First, Middle Initial) <b>C. HERBERT BALTER</b>			Date of Receipt <div> <div>M M / D D / Y Y Y Y Y Y</div> <div>06 / 21 / 2016</div> </div>	
Mailing Address 33 SUNSET AVE			<b>Transaction ID : SA17.347587</b>	
City VENICE	State CA	Zip Code 90291-2516	Amount of Each Receipt this Period <div> <div>100.00</div> </div>	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item CONTRIBUTION		
Name of Employer RETIRED		Occupation RETIRED		NON CONTRIBUTION ACCOUNT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <div> <div>225.00</div> </div>		

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

135.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

## **A. HUGH BANCROFT**

Mailing Address P.O. BOX 25/7094 VIA DEL CHARRO

City State Zip Code  
 RANCHO SANTA FE CA 92067-

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

06 / 09 / 2016

Transaction ID : SA17.348700

Amount of Each Receipt this Period

1000.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

## **B. GEORGE BANKS**

Mailing Address 488 S BEACH RD

City State Zip Code  
 HOBE SOUND FL 33455-

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF

Occupation

INVESTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

06 / 17 / 2016

Transaction ID : SA17.348712

Amount of Each Receipt this Period

1000.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

## **C. VICKI BARBER**

Mailing Address 558 EDEN RANCH DR.

City State Zip Code  
 CANYON LAKE TX 78133-

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 22 / 2016

Transaction ID : SA17.350717

Amount of Each Receipt this Period

5.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT; EARMARKED  
CONTRIBUTION FOR DONALD J TRUMP FOR  
PRESIDENT, INC. COMMITTEE ID

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

2005.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial) <b>A. VICKI BARBER</b>			Date of Receipt <div> <div>MM / DD / YYYY</div> <div>06 / 22 / 2016</div> </div>	
Mailing Address 558 EDEN RANCH DR.			<b>Transaction ID : SA17.354400</b>	
City CANYON LAKE	State TX	Zip Code 78133-	Amount of Each Receipt this Period <div> <div>Amount</div> <div>245.00</div> </div>	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item CONTRIBUTION		
Name of Employer RETIRED		Occupation RETIRED		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <div> <div>Amount</div> <div>250.00</div> </div>		
			NON CONTRIBUTION ACCOUNT	

Full Name (Last, First, Middle Initial) <b>B. GWEN BARFIELD</b>			Date of Receipt <div> <div>MM / DD / YYYY</div> <div>06 / 28 / 2016</div> </div>	
Mailing Address 6203 OAK MASTERS DR.			<b>Transaction ID : SA17.348549</b>	
City SPRING	State TX	Zip Code 77379-	Amount of Each Receipt this Period <div> <div>Amount</div> <div>250.00</div> </div>	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item CONTRIBUTION		
Name of Employer RETIRED		Occupation RETIRED		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <div> <div>Amount</div> <div>250.00</div> </div>		
			NON CONTRIBUTION ACCOUNT	

Full Name (Last, First, Middle Initial) <b>C. WILLIAM BARFIELD</b>			Date of Receipt <div> <div>MM / DD / YYYY</div> <div>06 / 01 / 2016</div> </div>	
Mailing Address 3324 SENASAC AVE.			<b>Transaction ID : SA17.344877</b>	
City LONG BEACH	State CA	Zip Code 90808-3826	Amount of Each Receipt this Period <div> <div>Amount</div> <div>50.00</div> </div>	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item CONTRIBUTION		
Name of Employer RETIRED		Occupation RETIRED		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <div> <div>Amount</div> <div>450.00</div> </div>		
			NON CONTRIBUTION ACCOUNT	

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

545.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial) <b>A. WILLIAM BARFIELD</b>			Date of Receipt <div> <div>M M / D D / Y Y Y Y Y Y</div> <div>06 / 21 / 2016</div> </div>
Mailing Address 3324 SENASAC AVE.			<b>Transaction ID : SA17.345814</b>
City LONG BEACH	State CA	Zip Code 90808-3826	Amount of Each Receipt this Period <div> <div>50.00</div> </div>
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item CONTRIBUTION
Name of Employer RETIRED	Occupation RETIRED		NON CONTRIBUTION ACCOUNT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <div> <div>450.00</div> </div>	

Full Name (Last, First, Middle Initial) <b>B. WILLIAM BARFIELD</b>			Date of Receipt <div> <div>M M / D D / Y Y Y Y Y Y</div> <div>06 / 21 / 2016</div> </div>
Mailing Address 3324 SENASAC AVE.			<b>Transaction ID : SA17.345815</b>
City LONG BEACH	State CA	Zip Code 90808-3826	Amount of Each Receipt this Period <div> <div>50.00</div> </div>
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item CONTRIBUTION
Name of Employer RETIRED	Occupation RETIRED		NON CONTRIBUTION ACCOUNT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <div> <div>450.00</div> </div>	

Full Name (Last, First, Middle Initial) <b>C. WILLIAM BARFIELD</b>			Date of Receipt <div> <div>M M / D D / Y Y Y Y Y Y</div> <div>06 / 28 / 2016</div> </div>
Mailing Address 3324 SENASAC AVE.			<b>Transaction ID : SA17.346398</b>
City LONG BEACH	State CA	Zip Code 90808-3826	Amount of Each Receipt this Period <div> <div>50.00</div> </div>
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item CONTRIBUTION
Name of Employer RETIRED	Occupation RETIRED		NON CONTRIBUTION ACCOUNT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <div> <div>450.00</div> </div>	

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

150.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial) <b>A. WILLIAM BARFIELD</b>			Date of Receipt <div> <div>MM / DD / YYYY</div> <div>06 / 30 / 2016</div> </div>	
Mailing Address 3324 SENASAC AVE.			<b>Transaction ID : SA17.346583</b>	
City LONG BEACH	State CA	Zip Code 90808-3826	Amount of Each Receipt this Period <div> <div>Amount</div> <div>50.00</div> </div>	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item		
Name of Employer RETIRED		Occupation RETIRED		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <div> <div>Amount</div> <div>450.00</div> </div>		
			CONTRIBUTION	
			NON CONTRIBUTION ACCOUNT	

Full Name (Last, First, Middle Initial) <b>B. WILLIAM BARFIELD</b>			Date of Receipt <div> <div>MM / DD / YYYY</div> <div>06 / 11 / 2016</div> </div>	
Mailing Address 3324 SENASAC AVE.			<b>Transaction ID : SA17.349409</b>	
City LONG BEACH	State CA	Zip Code 90808-3826	Amount of Each Receipt this Period <div> <div>Amount</div> <div>5.00</div> </div>	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item		
Name of Employer RETIRED		Occupation RETIRED		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <div> <div>Amount</div> <div>450.00</div> </div>		
			CONTRIBUTION	
NON CONTRIBUTION ACCOUNT; EARMARKED CONTRIBUTION FOR DONALD J TRUMP FOR PRESIDENT, INC. COMMITTEE ID				

Full Name (Last, First, Middle Initial) <b>C. WILLIAM BARFIELD</b>			Date of Receipt <div> <div>MM / DD / YYYY</div> <div>06 / 22 / 2016</div> </div>	
Mailing Address 3324 SENASAC AVE.			<b>Transaction ID : SA17.350062</b>	
City LONG BEACH	State CA	Zip Code 90808-3826	Amount of Each Receipt this Period <div> <div>Amount</div> <div>5.00</div> </div>	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item		
Name of Employer RETIRED		Occupation RETIRED		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <div> <div>Amount</div> <div>450.00</div> </div>		
			CONTRIBUTION	
NON CONTRIBUTION ACCOUNT; EARMARKED CONTRIBUTION FOR DONALD J TRUMP FOR PRESIDENT, INC. COMMITTEE ID				

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

60.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial) <b>A. WILLIAM BARFIELD</b>			Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 11 / 2016 <b>Transaction ID : SA17.353639</b>	
Mailing Address 3324 SENASAC AVE.			Amount of Each Receipt this Period 45.00	
City LONG BEACH	State CA	Zip Code 90808-3826	<input type="checkbox"/> Memo Item CONTRIBUTION	
FEC ID number of contributing federal political committee. C		NON CONTRIBUTION ACCOUNT		
Name of Employer RETIRED	Occupation RETIRED	Aggregate Year-to-Date ▼ 450.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				

Full Name (Last, First, Middle Initial) <b>B. WILLIAM BARFIELD</b>			Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 22 / 2016 <b>Transaction ID : SA17.353752</b>	
Mailing Address 3324 SENASAC AVE.			Amount of Each Receipt this Period 45.00	
City LONG BEACH	State CA	Zip Code 90808-3826	<input type="checkbox"/> Memo Item CONTRIBUTION	
FEC ID number of contributing federal political committee. C		NON CONTRIBUTION ACCOUNT		
Name of Employer RETIRED	Occupation RETIRED	Aggregate Year-to-Date ▼ 450.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				

Full Name (Last, First, Middle Initial) <b>C. PIERRE BARMORE JR.</b>			Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 01 / 2016 <b>Transaction ID : SA17.340501</b>	
Mailing Address 22516 SE32ND ST			Amount of Each Receipt this Period 25.00	
City SAMMAMISH	State WA	Zip Code 98075-	<input type="checkbox"/> Memo Item CONTRIBUTION	
FEC ID number of contributing federal political committee. C		NON CONTRIBUTION ACCOUNT		
Name of Employer RETIRED	Occupation RETIRED	Aggregate Year-to-Date ▼ 500.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

115.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
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(check only one)

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<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input checked="" type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**Full Name (Last, First, Middle Initial)  
**A. PIERRE BARMORE JR.**

Mailing Address 22516 SE32ND ST

City	State	Zip Code
SAMMAMISH	WA	98075-

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	11	/	2016

Transaction ID : SA17.341658

Amount of Each Receipt this Period

25.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

Mailing Address 22516 SE32ND ST

City	State	Zip Code
SAMMAMISH	WA	98075-

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	13	/	2016

Transaction ID : SA17.341826

Amount of Each Receipt this Period

25.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

Mailing Address 22516 SE32ND ST

City	State	Zip Code
SAMMAMISH	WA	98075-

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	14	/	2016

Transaction ID : SA17.341877

Amount of Each Receipt this Period

25.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

75.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial) <b>A. PIERRE BARMORE JR.</b>			Date of Receipt <div> <div>M M / D D / Y Y Y Y Y</div> <div>06 / 21 / 2016</div> </div>	
Mailing Address <b>22516 SE32ND ST</b>			<b>Transaction ID : SA17.347648</b>	
City <b>SAMMAMISH</b>	State <b>WA</b>	Zip Code <b>98075-</b>	Amount of Each Receipt this Period <div> <div>100.00</div> </div>	
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Memo Item		
Name of Employer <b>RETIRED</b>		Occupation <b>RETIRED</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <div> <div>500.00</div> </div>		
			<b>CONTRIBUTION</b>	
			<b>NON CONTRIBUTION ACCOUNT</b>	

Full Name (Last, First, Middle Initial) <b>B. JEFF BARRICKMAN</b>			Date of Receipt <div> <div>M M / D D / Y Y Y Y Y</div> <div>06 / 23 / 2016</div> </div>	
Mailing Address <b>944 JONESVILLE RD</b>			<b>Transaction ID : SA17.348502</b>	
City <b>SPOKANE</b>	State <b>MO</b>	Zip Code <b>65754-</b>	Amount of Each Receipt this Period <div> <div>250.00</div> </div>	
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Memo Item		
Name of Employer <b>MIDWEST SIDINGS LLC</b>		Occupation <b>SELF EMPLOYED</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <div> <div>250.00</div> </div>		
			<b>CONTRIBUTION</b>	
			<b>NON CONTRIBUTION ACCOUNT</b>	

Full Name (Last, First, Middle Initial) <b>C. JOSEPH BARRY</b>			Date of Receipt <div> <div>M M / D D / Y Y Y Y Y</div> <div>06 / 15 / 2016</div> </div>	
Mailing Address <b>320 OBIE ROAD</b>			<b>Transaction ID : SA17.348424</b>	
City <b>NEWMANSTOWN</b>	State <b>PA</b>	Zip Code <b>17073-</b>	Amount of Each Receipt this Period <div> <div>250.00</div> </div>	
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Memo Item		
Name of Employer <b>SELF- LEBANON FARMS</b>		Occupation <b>TRUCKING-HAULING CO. - FARMING.</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <div> <div>250.00</div> </div>		
			<b>CONTRIBUTION</b>	
			<b>NON CONTRIBUTION ACCOUNT</b>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<div> <div>600.00</div> </div>
<b>TOTAL</b> This Period (last page this line number only).....▶	<div> <div></div> </div>

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. HOMER BARTLETT**

Mailing Address 1393 WORTH COURT NE

City  
PALM BAY

State Zip Code  
FL 32905-4347

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 16 / 2016

Transaction ID : SA17.346721

Amount of Each Receipt this Period

75.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**B. DAVID BARTON**

Mailing Address P.O. BOX 9

City  
RAYMOND

State Zip Code  
MS 39154-

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF

Occupation

FARMER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 26 / 2016

Transaction ID : SA17.348659

Amount of Each Receipt this Period

500.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**C. LOUISE BATES**

Mailing Address 180 OLEANDERWAY

City  
VERO BEACH

State Zip Code  
FL 32963-

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 09 / 2016

Transaction ID : SA17.348404

Amount of Each Receipt this Period

250.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

825.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DENNIS BATYE**

Mailing Address 944 STONE PINE CT.

City	State	Zip Code
FAIRFIELD	CA	94533-7068

FEC ID number of contributing  
federal political committee.

C

Name of Employer	Occupation
GOODFELLOW TOP GRADE CONSTRUCTION	HEAVEY CONSTRUCTION

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	19	/	2016

Transaction ID : SA17.347446

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**B. KAREN BAUM**

Mailing Address 130 LA FLORICITA

City	State	Zip Code
PISMO BEACH	CA	93449-2847

FEC ID number of contributing  
federal political committee.

C

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	12	/	2016

Transaction ID : SA17.345353

Amount of Each Receipt this Period

50.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**C. KAREN BAUM**

Mailing Address 130 LA FLORICITA

City	State	Zip Code
PISMO BEACH	CA	93449-2847

FEC ID number of contributing  
federal political committee.

C

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	12	/	2016

Transaction ID : SA17.345354

Amount of Each Receipt this Period

50.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

200.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial) <b>A. JEFFREY BAYNON</b>		Date of Receipt <div> <div>M M / D D / Y Y Y Y Y Y</div> <div>06 / 03 / 2016</div> </div>
Mailing Address 10 RIDGE PLACE PH		<b>Transaction ID : SA17.348382</b>
City PELHAM	State NY	Zip Code 10803-3424
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer RETIRED	Occupation RETIRED	<input type="checkbox"/> Memo Item CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial) <b>B. BILL BEAM</b>		Date of Receipt <div> <div>M M / D D / Y Y Y Y Y Y</div> <div>06 / 10 / 2016</div> </div>
Mailing Address 1110 REDBUD DRIVE		<b>Transaction ID : SA17.333955</b>
City MENA	State AR	Zip Code 71953-
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer RETIRED	Occupation RETIRED	<input type="checkbox"/> Memo Item CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial) <b>C. RICHARD BEAN</b>		Date of Receipt <div> <div>M M / D D / Y Y Y Y Y Y</div> <div>06 / 21 / 2016</div> </div>
Mailing Address 1107 NORTH JORDAN AVENUE		<b>Transaction ID : SA17.348473</b>
City LIBERAL	State KS	Zip Code 67901-
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer RETIRED	Occupation RETIRED	<input type="checkbox"/> Memo Item CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	NON CONTRIBUTION ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

750.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

## **A. BRIAN BEARDSLEE**

Mailing Address 10029 WINDING RIVER ROAD

City State Zip Code  
PUNTA GORDA FL 33950-1302

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 12 / 2016

Transaction ID : SA17.349620

Amount of Each Receipt this Period

5.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT; EARMARKED  
CONTRIBUTION FOR DONALD J TRUMP FOR  
PRESIDENT, INC. COMMITTEE ID

Full Name (Last, First, Middle Initial)

## **B. BRIAN BEARDSLEE**

Mailing Address 10029 WINDING RIVER ROAD

City State Zip Code  
PUNTA GORDA FL 33950-1302

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 12 / 2016

Transaction ID : SA17.352539

Amount of Each Receipt this Period

20.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

## **C. BOBBY BEATHARD**

Mailing Address 101 MORNING MIST LN

City State Zip Code  
FRANKLIN TN 37064-

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 20 / 2016

Transaction ID : SA17.348460

Amount of Each Receipt this Period

250.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

275.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
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<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input checked="" type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. PERRY BEATON**

Mailing Address 853 VANDERBILT BEACH RD #249

City	State	Zip Code
NAPLES	FL	34108-

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	09	/	2016

Transaction ID : SA17.348698

Amount of Each Receipt this Period

1000.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**B. CAROL BEATTY**

Mailing Address 2537 E ALDEN PL

City	State	Zip Code
ANAHEIM	CA	92806-

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	08	/	2016

Transaction ID : SA17.348403

Amount of Each Receipt this Period

250.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**C. WILLIAM BEAVEN**

Mailing Address 191 PHILLIPS ROAD

City	State	Zip Code
UNIONTOWN	KY	42461-

FEC ID number of contributing  
federal political committee.

C

Name of Employer

EIDETIK, INC

Occupation

SELFEMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	02	/	2016

Transaction ID : SA17.348373

Amount of Each Receipt this Period

250.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1500.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
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<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. JOSE LUIS BENITEZ**

Mailing Address 431 SAN SERVANDO AVE CORAL GABLES

City	State	Zip Code
MIAMI	FL	33143-

FEC ID number of contributing  
federal political committee.

C

Name of Employer

TEAM HEALTH

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	16	/	2016

Transaction ID : SA17.348427

Amount of Each Receipt this Period

250.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**B. MRS. MARYANN BENTLEY**

Mailing Address 853 SHERIDAN LANE

City	State	Zip Code
GARDNERVILLE	NV	89460-

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	04	/	2016

Transaction ID : SA17.349254

Amount of Each Receipt this Period

5.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT; EARMARKED  
CONTRIBUTION FOR DONALD J TRUMP FOR  
PRESIDENT, INC. COMMITTEE ID

Full Name (Last, First, Middle Initial)

**C. MRS. MARYANN BENTLEY**

Mailing Address 853 SHERIDAN LANE

City	State	Zip Code
GARDNERVILLE	NV	89460-

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	04	/	2016

Transaction ID : SA17.354077

Amount of Each Receipt this Period

95.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

350.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input checked="" type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial) <b>A. LAWRENCE J BENTVENA</b>			Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 24 / 2016 <b>Transaction ID : SA17.348763</b>
Mailing Address 14804 STIRRUP LANE WELLINGTON FLOR			Amount of Each Receipt this Period 2500.00
City WEST PALM BEACH	State FL	Zip Code 33414-	<input type="checkbox"/> Memo Item CONTRIBUTION
FEC ID number of contributing federal political committee. C		NON CONTRIBUTION ACCOUNT	
Name of Employer SELF	Occupation CEO FOUNDER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00		

Full Name (Last, First, Middle Initial) <b>B. DEBORAH BERGER</b>			Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 09 / 2016 <b>Transaction ID : SA17.348408</b>
Mailing Address 815 BAY CLIFFS ROAD			Amount of Each Receipt this Period 250.00
City GULF BREEZE	State FL	Zip Code 32561-	<input type="checkbox"/> Memo Item CONTRIBUTION
FEC ID number of contributing federal political committee. C		NON CONTRIBUTION ACCOUNT	
Name of Employer MY SPOUSE, PAUL BERGER/ HAPPY HUSBAND	Occupation HAPPY HOMEMAKER, MOM, WIFE, RUN THI		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) <b>C. STEVEN BERLIN</b>			Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 05 / 2016 <b>Transaction ID : SA17.348590</b>
Mailing Address 6501 RED HOOK PL 12407 DOVER RD			Amount of Each Receipt this Period 500.00
City CHARLOTTE AMALIE	State VI	Zip Code 00802-	<input type="checkbox"/> Memo Item CONTRIBUTION
FEC ID number of contributing federal political committee. C		NON CONTRIBUTION ACCOUNT	
Name of Employer RETIRED	Occupation RETIRED		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3250.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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

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(check only one)

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial) <b>A. ALEX BERNHARD</b>			Date of Receipt <div> <div>M M / D D / Y Y Y Y Y Y</div> <div>06 / 24 / 2016</div> </div>	
Mailing Address 6000 IMUS			<b>Transaction ID : SA17.348740</b>	
City CARSON CITY	State NV	Zip Code 89706-	Amount of Each Receipt this Period <div> <div>1000.00</div> </div>	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item CONTRIBUTION		
Name of Employer RETIRED		Occupation RETIRED	NON CONTRIBUTION ACCOUNT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <div> <div>1000.00</div> </div>		

Full Name (Last, First, Middle Initial) <b>B. SANDRA BERREY</b>			Date of Receipt <div> <div>M M / D D / Y Y Y Y Y Y</div> <div>06 / 28 / 2016</div> </div>	
Mailing Address 1483 SUTTER STREET 1406			<b>Transaction ID : SA17.348540</b>	
City SAN FRANCISCO	State CA	Zip Code 94109-	Amount of Each Receipt this Period <div> <div>250.00</div> </div>	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item CONTRIBUTION		
Name of Employer RETIRED		Occupation RETIRED	NON CONTRIBUTION ACCOUNT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <div> <div>250.00</div> </div>		

Full Name (Last, First, Middle Initial) <b>C. TOMMY L BERRY</b>			Date of Receipt <div> <div>M M / D D / Y Y Y Y Y Y</div> <div>06 / 23 / 2016</div> </div>	
Mailing Address 1005 KRISTANNA DRIVE			<b>Transaction ID : SA17.351163</b>	
City PANAMA CITY	State FL	Zip Code 32405-4839	Amount of Each Receipt this Period <div> <div>5.00</div> </div>	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item CONTRIBUTION		
Name of Employer POINTTRADE SERVICES, INC.		Occupation INTERNATIONAL TRADE SERVICES	NON CONTRIBUTION ACCOUNT; EARMARKED CONTRIBUTION FOR DONALD J TRUMP FOR PRESIDENT, INC. COMMITTEE ID	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <div> <div>350.00</div> </div>		

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

1255.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**Full Name (Last, First, Middle Initial)  
**A. TOMMY L BERRY**

Mailing Address 1005 KRISTANNA DRIVE

City	State	Zip Code
PANAMA CITY	FL	32405-4839

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
POINTTRADE SERVICES, INC.Occupation  
INTERNATIONAL TRADE SERVICES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	23	/	2016

Transaction ID : SA17.354408

Amount of Each Receipt this Period

245.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

Mailing Address 14435N. 7TH STREET, SUITE 201

City	State	Zip Code
PHOENIX	AZ	85022-

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BETHUNE & ASSOCIATEDOccupation  
LEGAL ASSISTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	21	/	2016

Transaction ID : SA17.348481

Amount of Each Receipt this Period

250.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

Mailing Address 300 FAIRWAY CT

City	State	Zip Code
LAKE WORTH	FL	33462-

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	28	/	2016

Transaction ID : SA17.346423

Amount of Each Receipt this Period

50.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

545.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 286 OF 2173

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. ROGER BETTIN**

Mailing Address 300 FAIRWAY CT

City  
 LAKE WORTH

State Zip Code  
 FL 33462-

FEC ID number of contributing  
 federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 16 / 2016

Transaction ID : SA17.347285

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**B. CHARLENE BIEBER**

Mailing Address 14007 N ALPINE LANE

City  
 SPOKANE

State Zip Code  
 WA 99208-5505

FEC ID number of contributing  
 federal political committee.

C

Name of Employer

FOLSOM ASSOCIATES

Occupation

SELF EMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 11 / 2016

Transaction ID : SA17.349583

Amount of Each Receipt this Period

5.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT; EARMARKED  
 CONTRIBUTION FOR DONALD J TRUMP FOR  
 PRESIDENT, INC. COMMITTEE ID

Full Name (Last, First, Middle Initial)

**C. CHARLENE BIEBER**

Mailing Address 14007 N ALPINE LANE

City  
 SPOKANE

State Zip Code  
 WA 99208-5505

FEC ID number of contributing  
 federal political committee.

C

Name of Employer

FOLSOM ASSOCIATES

Occupation

SELF EMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 11 / 2016

Transaction ID : SA17.354112

Amount of Each Receipt this Period

95.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

200.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial) <b>A. PHILIPPE BIGAR</b>			Date of Receipt <div> <div>MM / DD / YYYY</div> <div>06 / 21 / 2016</div> </div>
Mailing Address <b>55 EAST 76TH STREET</b>			<b>Transaction ID : SA17.347597</b>
City <b>NEW YORK CITY</b>	State <b>NY</b>	Zip Code <b>10021-</b>	Amount of Each Receipt this Period <div> <div>Amount</div> <div>100.00</div> </div>
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Memo Item	
Name of Employer <b>SELF</b>		Occupation <b>COMPOSER</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <div> <div>Amount</div> <div>600.00</div> </div>	
			<b>CONTRIBUTION</b>
			<b>NON CONTRIBUTION ACCOUNT</b>

Full Name (Last, First, Middle Initial) <b>B. CATHERINE BLACKMON</b>			Date of Receipt <div> <div>MM / DD / YYYY</div> <div>06 / 02 / 2016</div> </div>
Mailing Address <b>6905 E OSBORN ROAD</b> <b>UNIT D</b>			<b>Transaction ID : SA17.346847</b>
City <b>SCOTTSDALE</b>	State <b>AZ</b>	Zip Code <b>85251-</b>	Amount of Each Receipt this Period <div> <div>Amount</div> <div>100.00</div> </div>
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Memo Item	
Name of Employer <b>RETIRED</b>		Occupation <b>RETIRED</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <div> <div>Amount</div> <div>400.00</div> </div>	
			<b>CONTRIBUTION</b>
			<b>NON CONTRIBUTION ACCOUNT</b>

Full Name (Last, First, Middle Initial) <b>C. KAREN S BLACK</b>			Date of Receipt <div> <div>MM / DD / YYYY</div> <div>06 / 08 / 2016</div> </div>
Mailing Address <b>1250 CELEBRATION AVE</b>			<b>Transaction ID : SA17.348397</b>
City <b>KISSIMMEE</b>	State <b>FL</b>	Zip Code <b>34747-</b>	Amount of Each Receipt this Period <div> <div>Amount</div> <div>250.00</div> </div>
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Memo Item	
Name of Employer <b>RETIRED</b>		Occupation <b>RETIRED</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <div> <div>Amount</div> <div>250.00</div> </div>	
			<b>CONTRIBUTION</b>
			<b>NON CONTRIBUTION ACCOUNT</b>

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

450.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
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(check only one)

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<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**Full Name (Last, First, Middle Initial)  
**A. RICHARD BLAKE**

Mailing Address 2701 PARK DRIVE

City	State	Zip Code
CLEARWATER	FL	33763-

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF

Occupation

MEDICAL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	24	/	2016

Transaction ID : SA17.348511

Amount of Each Receipt this Period

250.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

Mailing Address 136 WESTCOURT LANE

City	State	Zip Code
SAN ANTONIO	TX	78257-1272

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	22	/	2016

Transaction ID : SA17.347737

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

Mailing Address 15 WILLOW BAY DRIVE

City	State	Zip Code
SOUTH BARRINGTON	IL	60010-7116

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NORTH AMERICAN MIDWAY ENTERTAINME

Occupation

CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

7000.00

Date of Receipt

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

Transaction ID : SA17.348683

Amount of Each Receipt this Period

1000.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1350.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial) <b>A. JEFFREY BLOMSNESS</b>			Date of Receipt <div> <div>MM / DD / YYYY</div> <div>06 / 18 / 2016</div> </div>	
Mailing Address 15 WILLOW BAY DRIVE			<b>Transaction ID : SA17.348722</b>	
City SOUTH BARRINGTON	State IL	Zip Code 60010-7116	Amount of Each Receipt this Period <div> <div>1000.00</div> </div>	
FEC ID number of contributing federal political committee. <div>C</div>		<input type="checkbox"/> Memo Item <b>CONTRIBUTION</b>		
Name of Employer NORTH AMERICAN MIDWAY ENTERTAINMENT		Occupation CEO	NON CONTRIBUTION ACCOUNT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <div>7000.00</div>		

Full Name (Last, First, Middle Initial) <b>B. JEFFREY BLOMSNESS</b>			Date of Receipt <div> <div>MM / DD / YYYY</div> <div>06 / 18 / 2016</div> </div>	
Mailing Address 15 WILLOW BAY DRIVE			<b>Transaction ID : SA17.348723</b>	
City SOUTH BARRINGTON	State IL	Zip Code 60010-7116	Amount of Each Receipt this Period <div> <div>1000.00</div> </div>	
FEC ID number of contributing federal political committee. <div>C</div>		<input type="checkbox"/> Memo Item <b>CONTRIBUTION</b>		
Name of Employer NORTH AMERICAN MIDWAY ENTERTAINMENT		Occupation CEO	NON CONTRIBUTION ACCOUNT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <div>7000.00</div>		

Full Name (Last, First, Middle Initial) <b>C. JEFFREY BLOMSNESS</b>			Date of Receipt <div> <div>MM / DD / YYYY</div> <div>06 / 18 / 2016</div> </div>	
Mailing Address 15 WILLOW BAY DRIVE			<b>Transaction ID : SA17.348724</b>	
City SOUTH BARRINGTON	State IL	Zip Code 60010-7116	Amount of Each Receipt this Period <div> <div>1000.00</div> </div>	
FEC ID number of contributing federal political committee. <div>C</div>		<input type="checkbox"/> Memo Item <b>CONTRIBUTION</b>		
Name of Employer NORTH AMERICAN MIDWAY ENTERTAINMENT		Occupation CEO	NON CONTRIBUTION ACCOUNT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <div>7000.00</div>		

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

3000.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

<b>A. JEFFREY BLOMSNESS</b> Full Name (Last, First, Middle Initial) Mailing Address 15 WILLOW BAY DRIVE City SOUTH BARRINGTON State IL Zip Code 60010-7116 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer NORTH AMERICAN MIDWAY ENTERTAINMENT Occupation CEO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 7000.00			Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 24 / 2016 <b>Transaction ID : SA17.351348</b> Amount of Each Receipt this Period 5.00 <input type="checkbox"/> Memo Item CONTRIBUTION NON CONTRIBUTION ACCOUNT; EARMARKED CONTRIBUTION FOR DONALD J TRUMP FOR PRESIDENT, INC. COMMITTEE ID
<b>B. JEFFREY BLOMSNESS</b> Full Name (Last, First, Middle Initial) Mailing Address 15 WILLOW BAY DRIVE City SOUTH BARRINGTON State IL Zip Code 60010-7116 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer NORTH AMERICAN MIDWAY ENTERTAINMENT Occupation CEO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 7000.00			Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 24 / 2016 <b>Transaction ID : SA17.354443</b> Amount of Each Receipt this Period 495.00 <input type="checkbox"/> Memo Item CONTRIBUTION NON CONTRIBUTION ACCOUNT
<b>C. JEFFREY BLOMSNESS</b> Full Name (Last, First, Middle Initial) Mailing Address 15 WILLOW BAY DRIVE City SOUTH BARRINGTON State IL Zip Code 60010-7116 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer NORTH AMERICAN MIDWAY ENTERTAINMENT Occupation CEO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 7000.00			Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 24 / 2016 <b>Transaction ID : SA17.355313</b> Amount of Each Receipt this Period 500.00 <input type="checkbox"/> Memo Item CONTRIBUTION NON CONTRIBUTION ACCOUNT
<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶			1000.00
<b>TOTAL</b> This Period (last page this line number only)..... ▶			

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial) <b>A. JEFFREY BLOMSNESS</b>			Date of Receipt <div> <div>MM / DD / YYYY</div> <div>06 / 24 / 2016</div> </div>	
Mailing Address 15 WILLOW BAY DRIVE			<b>Transaction ID : SA17.355314</b>	
City SOUTH BARRINGTON	State IL	Zip Code 60010-7116	Amount of Each Receipt this Period <div> <div>Amount</div> <div>500.00</div> </div>	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item		
Name of Employer NORTH AMERICAN MIDWAY ENTERTAINMENT		Occupation CEO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <div> <div>Amount</div> <div>7000.00</div> </div>		
			CONTRIBUTION	
			NON CONTRIBUTION ACCOUNT	

Full Name (Last, First, Middle Initial) <b>B. JEFFREY BLOMSNESS</b>			Date of Receipt <div> <div>MM / DD / YYYY</div> <div>06 / 24 / 2016</div> </div>	
Mailing Address 15 WILLOW BAY DRIVE			<b>Transaction ID : SA17.355315</b>	
City SOUTH BARRINGTON	State IL	Zip Code 60010-7116	Amount of Each Receipt this Period <div> <div>Amount</div> <div>500.00</div> </div>	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item		
Name of Employer NORTH AMERICAN MIDWAY ENTERTAINMENT438		Occupation CEO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <div> <div>Amount</div> <div>7000.00</div> </div>		
			CONTRIBUTION	
			NON CONTRIBUTION ACCOUNT	

Full Name (Last, First, Middle Initial) <b>C. DONALD BOHN</b>			Date of Receipt <div> <div>MM / DD / YYYY</div> <div>06 / 30 / 2016</div> </div>	
Mailing Address 3400 N CAUSEWAY BLVD			<b>Transaction ID : SA17.348681</b>	
City METAIRIE	State LA	Zip Code 70002-3509	Amount of Each Receipt this Period <div> <div>Amount</div> <div>500.00</div> </div>	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item		
Name of Employer SELF		Occupation AUTO DEALER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <div> <div>Amount</div> <div>500.00</div> </div>		
			CONTRIBUTION	
			NON CONTRIBUTION ACCOUNT	

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

1500.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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

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(check only one)

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial) <b>A. THOMAS BOLING</b>			Date of Receipt <div> <div>M M / D D / Y Y Y Y Y Y</div> <div>06 / 06 / 2016</div> </div>	
Mailing Address 3591 118TH AVE NW			<b>Transaction ID : SA17.345046</b>	
City MINNEAPOLIS	State MN	Zip Code 55433-2662	Amount of Each Receipt this Period <div> <div>50.00</div> </div>	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item CONTRIBUTION		
Name of Employer RETIRED		Occupation RETIRED	NON CONTRIBUTION ACCOUNT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <div> <div>275.00</div> </div>		

Full Name (Last, First, Middle Initial) <b>B. ALFRED BONAZZOLI</b>			Date of Receipt <div> <div>M M / D D / Y Y Y Y Y Y</div> <div>06 / 30 / 2016</div> </div>	
Mailing Address 7 COLE DRIVE HOPKINTON MA			<b>Transaction ID : SA17.348566</b>	
City HOPKINTON	State MA	Zip Code 01748-	Amount of Each Receipt this Period <div> <div>250.00</div> </div>	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item CONTRIBUTION		
Name of Employer RETIRED		Occupation RETIRED	NON CONTRIBUTION ACCOUNT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <div> <div>250.00</div> </div>		

Full Name (Last, First, Middle Initial) <b>C. WILLIAM BOOK</b>			Date of Receipt <div> <div>M M / D D / Y Y Y Y Y Y</div> <div>06 / 24 / 2016</div> </div>	
Mailing Address 1221 MCKINNEY #4300			<b>Transaction ID : SA17.334050</b>	
City HOUSTON	State TX	Zip Code 77010-	Amount of Each Receipt this Period <div> <div>100.00</div> </div>	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item CONTRIBUTION		
Name of Employer SELF		Occupation LAWYER	NON CONTRIBUTION ACCOUNT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <div> <div>500.00</div> </div>		

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

400.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

## **A. WILLIAM BOOK**

Mailing Address 1221 MCKINNEY #4300

City State Zip Code  
HOUSTON TX 77010-

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF

Occupation

LAWYER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 13 / 2016

Transaction ID : SA17.349724

Amount of Each Receipt this Period

5.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT; EARMARKED  
CONTRIBUTION FOR DONALD J TRUMP FOR  
PRESIDENT, INC. COMMITTEE ID

Full Name (Last, First, Middle Initial)

## **B. WILLIAM BOOK**

Mailing Address 1221 MCKINNEY #4300

City State Zip Code  
HOUSTON TX 77010-

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF

Occupation

LAWYER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 24 / 2016

Transaction ID : SA17.351373

Amount of Each Receipt this Period

5.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT; EARMARKED  
CONTRIBUTION FOR DONALD J TRUMP FOR  
PRESIDENT, INC. COMMITTEE ID

Full Name (Last, First, Middle Initial)

## **C. WILLIAM BOOK**

Mailing Address 1221 MCKINNEY #4300

City State Zip Code  
HOUSTON TX 77010-

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF

Occupation

LAWYER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 13 / 2016

Transaction ID : SA17.354130

Amount of Each Receipt this Period

95.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

105.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial) <b>A. WILLIAM BOOK</b>			Date of Receipt <div> <div>MM / DD / YYYY</div> <div>06 / 24 / 2016</div> </div>	
Mailing Address 1221 MCKINNEY #4300			<b>Transaction ID : SA17.354327</b>	
City HOUSTON	State TX	Zip Code 77010-	Amount of Each Receipt this Period <div> <div>95.00</div> </div>	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item		
Name of Employer SELF		Occupation LAWYER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <div> <div>500.00</div> </div>		
			CONTRIBUTION	
			NON CONTRIBUTION ACCOUNT	

Full Name (Last, First, Middle Initial) <b>B. DAVID BORGEN</b>			Date of Receipt <div> <div>MM / DD / YYYY</div> <div>06 / 15 / 2016</div> </div>	
Mailing Address 429 E DUPONT RD #306			<b>Transaction ID : SA17.348705</b>	
City FORT WAYNE	State IN	Zip Code 46845-	Amount of Each Receipt this Period <div> <div>1000.00</div> </div>	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item		
Name of Employer MANPOWER OF LANSING, MICHIGAN INC.		Occupation OWNER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <div> <div>1000.00</div> </div>		
			CONTRIBUTION	
			NON CONTRIBUTION ACCOUNT	

Full Name (Last, First, Middle Initial) <b>C. CATHERINE BORGIA</b>			Date of Receipt <div> <div>MM / DD / YYYY</div> <div>06 / 01 / 2016</div> </div>	
Mailing Address 1112 SOLANA DRIVE			<b>Transaction ID : SA17.348368</b>	
City DEL MAR	State CA	Zip Code 92014-	Amount of Each Receipt this Period <div> <div>250.00</div> </div>	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item		
Name of Employer A.G. BORGIA INSURANCE SERVICES, INC.		Occupation ACCOUNTANT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <div> <div>250.00</div> </div>		
			CONTRIBUTION	
			NON CONTRIBUTION ACCOUNT	

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

1345.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
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<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**Full Name (Last, First, Middle Initial)  
**A. KURT BOSTROM**Mailing Address **W296 N2241 GLEN COVE RD**

City	State	Zip Code
PEWAUKEE	WI	53072-4881

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

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	17	/	2016

Transaction ID : **SA17.348446**

Amount of Each Receipt this Period

250.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)  
**B. FRANCIS BOUCEK**Mailing Address **399 9TH STREET  
STE 300**

City	State	Zip Code
NAPLES	FL	34102-

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

Name of Employer

NCHMD

Occupation

M.D.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	25	/	2016

Transaction ID : **SA17.347947**

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)  
**C. FRANCIS BOUCEK**Mailing Address **399 9TH STREET  
STE 300**

City	State	Zip Code
NAPLES	FL	34102-

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

Name of Employer

NCHMD

Occupation

M.D.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	22	/	2016

Transaction ID : **SA17.348497**

Amount of Each Receipt this Period

250.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

600.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

<p>Full Name (Last, First, Middle Initial) <b>A. NEAL &amp; MARIE BOWDEN</b></p> <p>Mailing Address 109 RAINBOW DR. # 917</p> <p>City LIVINGSTON State TX Zip Code 77399-1009</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer RETIRED REGISTERED NURSES Occupation RETIRED</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼         </p> <p>Aggregate Year-to-Date ▼ 350.00</p>			<p>Date of Receipt  <b>06 / 18 / 2016</b>  <b>Transaction ID : SA17.348450</b> </p> <p>Amount of Each Receipt this Period 250.00</p> <p><input type="checkbox"/> Memo Item CONTRIBUTION</p> <p>NON CONTRIBUTION ACCOUNT</p>	
<p>Full Name (Last, First, Middle Initial) <b>B. LARRY BOWMAN</b></p> <p>Mailing Address 131 PLANK DR.</p> <p>City BLACKSBURG State VA Zip Code 24060-</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer MANAGEMENT SOLUTIONS OF VIRGINIA Occupation SOFTWARE</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼         </p> <p>Aggregate Year-to-Date ▼ 500.00</p>			<p>Date of Receipt  <b>06 / 23 / 2016</b>  <b>Transaction ID : SA17.351106</b> </p> <p>Amount of Each Receipt this Period 5.00</p> <p><input type="checkbox"/> Memo Item CONTRIBUTION</p> <p>NON CONTRIBUTION ACCOUNT; EARMARKED CONTRIBUTION FOR DONALD J TRUMP FOR PRESIDENT, INC. COMMITTEE ID</p>	
<p>Full Name (Last, First, Middle Initial) <b>C. LARRY BOWMAN</b></p> <p>Mailing Address 131 PLANK DR.</p> <p>City BLACKSBURG State VA Zip Code 24060-</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer MANAGEMENT SOLUTIONS OF VIRGINIA Occupation SOFTWARE</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼         </p> <p>Aggregate Year-to-Date ▼ 500.00</p>			<p>Date of Receipt  <b>06 / 23 / 2016</b>  <b>Transaction ID : SA17.354441</b> </p> <p>Amount of Each Receipt this Period 495.00</p> <p><input type="checkbox"/> Memo Item CONTRIBUTION</p> <p>NON CONTRIBUTION ACCOUNT</p>	
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>			750.00	
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>				



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
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(check only one)

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<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. RONALD BOYD**

Mailing Address 809 S. TYLER

City

AMARILLO

State

TX

Zip Code

79101-3427

FEC ID number of contributing  
federal political committee.

C

Name of Employer

DUNCANANDBOYD INC.

Occupation

RETAIL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	07	/	2016

Transaction ID : SA17.348594

Amount of Each Receipt this Period

500.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**B. CLARE BRADEN**

Mailing Address 2618 PRIVATE ROAD 2410

City

QUINLAN

State

TX

Zip Code

75474-7636

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2016

Transaction ID : SA17.346590

Amount of Each Receipt this Period

50.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**C. KATHY BRANDT**Mailing Address 14306 BOWSPRIT LN.  
APT. 12

City

LAUREL

State

MD

Zip Code

20707-6115

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	07	/	2016

Transaction ID : SA17.341003

Amount of Each Receipt this Period

25.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

575.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial) <b>A. KATHY BRANDT</b>		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>06</td> <td></td> <td>16</td> <td></td> <td>2016</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	06		16		2016
M M M	/	D D D	/	Y Y Y Y Y Y								
06		16		2016								
Mailing Address 14306 BOWSPRIT LN. APT. 12		<b>Transaction ID : SA17.342068</b>										
City LAUREL	State MD	Zip Code 20707-6115										
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00										
Name of Employer RETIRED	Occupation RETIRED	<input type="checkbox"/> Memo Item CONTRIBUTION										
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	NON CONTRIBUTION ACCOUNT										

Full Name (Last, First, Middle Initial) <b>B. KATHY BRANDT</b>		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>06</td> <td></td> <td>24</td> <td></td> <td>2016</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	06		24		2016
M M M	/	D D D	/	Y Y Y Y Y Y								
06		24		2016								
Mailing Address 14306 BOWSPRIT LN. APT. 12		<b>Transaction ID : SA17.343611</b>										
City LAUREL	State MD	Zip Code 20707-6115										
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00										
Name of Employer RETIRED	Occupation RETIRED	<input type="checkbox"/> Memo Item CONTRIBUTION										
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	NON CONTRIBUTION ACCOUNT										

Full Name (Last, First, Middle Initial) <b>C. KATHY BRANDT</b>		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>06</td> <td></td> <td>02</td> <td></td> <td>2016</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	06		02		2016
M M M	/	D D D	/	Y Y Y Y Y Y								
06		02		2016								
Mailing Address 14306 BOWSPRIT LN. APT. 12		<b>Transaction ID : SA17.348826</b>										
City LAUREL	State MD	Zip Code 20707-6115										
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5.00										
Name of Employer RETIRED	Occupation RETIRED	<input type="checkbox"/> Memo Item CONTRIBUTION										
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	NON CONTRIBUTION ACCOUNT; EARMARKED CONTRIBUTION FOR DONALD J TRUMP FOR PRESIDENT, INC. COMMITTEE ID										

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

55.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12  
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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)  
**GREAT AMERICA PAC**

<b>A. KATHY BRANDT</b> Full Name (Last, First, Middle Initial) Mailing Address 14306 BOWSPRIT LN. APT. 12 City LAUREL State MD Zip Code 20707-6115 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer RETIRED Occupation RETIRED Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 11 / 2016 <b>Transaction ID : SA17.349544</b> Amount of Each Receipt this Period 5.00 <input type="checkbox"/> Memo Item CONTRIBUTION NON CONTRIBUTION ACCOUNT; EARMARKED CONTRIBUTION FOR DONALD J TRUMP FOR PRESIDENT, INC. COMMITTEE ID
<b>B. KATHY BRANDT</b> Full Name (Last, First, Middle Initial) Mailing Address 14306 BOWSPRIT LN. APT. 12 City LAUREL State MD Zip Code 20707-6115 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer RETIRED Occupation RETIRED Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 22 / 2016 <b>Transaction ID : SA17.350142</b> Amount of Each Receipt this Period 5.00 <input type="checkbox"/> Memo Item CONTRIBUTION NON CONTRIBUTION ACCOUNT; EARMARKED CONTRIBUTION FOR DONALD J TRUMP FOR PRESIDENT, INC. COMMITTEE ID
<b>C. KATHY BRANDT</b> Full Name (Last, First, Middle Initial) Mailing Address 14306 BOWSPRIT LN. APT. 12 City LAUREL State MD Zip Code 20707-6115 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer RETIRED Occupation RETIRED Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 02 / 2016 <b>Transaction ID : SA17.352131</b> Amount of Each Receipt this Period 20.00 <input type="checkbox"/> Memo Item CONTRIBUTION NON CONTRIBUTION ACCOUNT
<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶		30.00
<b>TOTAL</b> This Period (last page this line number only)..... ▶		

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial) <b>A. KATHY BRANDT</b>			Date of Receipt <div> <div>MM / DD / YYYY</div> <div>06 / 11 / 2016</div> </div>	
Mailing Address 14306 BOWSPRIT LN. APT. 12			<b>Transaction ID : SA17.352497</b>	
City LAUREL	State MD	Zip Code 20707-6115	Amount of Each Receipt this Period <div> <div>Amount</div> <div>20.00</div> </div>	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item		
Name of Employer RETIRED		Occupation RETIRED		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <div> <div>Amount</div> <div>300.00</div> </div>		
			CONTRIBUTION	
			NON CONTRIBUTION ACCOUNT	

Full Name (Last, First, Middle Initial) <b>B. KATHY BRANDT</b>			Date of Receipt <div> <div>MM / DD / YYYY</div> <div>06 / 22 / 2016</div> </div>	
Mailing Address 14306 BOWSPRIT LN. APT. 12			<b>Transaction ID : SA17.352803</b>	
City LAUREL	State MD	Zip Code 20707-6115	Amount of Each Receipt this Period <div> <div>Amount</div> <div>20.00</div> </div>	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item		
Name of Employer RETIRED		Occupation RETIRED		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <div> <div>Amount</div> <div>300.00</div> </div>		
			CONTRIBUTION	
			NON CONTRIBUTION ACCOUNT	

Full Name (Last, First, Middle Initial) <b>C. ANDREW BRANLEY</b>			Date of Receipt <div> <div>MM / DD / YYYY</div> <div>06 / 22 / 2016</div> </div>	
Mailing Address 17 COMPUTER DR. EAST			<b>Transaction ID : SA17.350924</b>	
City ALBANY	State NY	Zip Code 12205-	Amount of Each Receipt this Period <div> <div>Amount</div> <div>5.00</div> </div>	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item		
Name of Employer RESIDENTIAL IMPROVEMENTS INC.		Occupation BUSINESS OWNER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <div> <div>Amount</div> <div>250.00</div> </div>		
			CONTRIBUTION	
			NON CONTRIBUTION ACCOUNT; EARMARKED CONTRIBUTION FOR DONALD J TRUMP FOR PRESIDENT, INC. COMMITTEE ID	

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

45.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. ANDREW BRANLEY**

Mailing Address 17 COMPUTER DR. EAST

City State Zip Code  
 ALBANY NY 12205-

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 RESIDENTIAL IMPROVEMENTS INC.

Occupation  
 BUSINESS OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 22 / 2016

Transaction ID : SA17.354403

Amount of Each Receipt this Period

245.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**B. MITCHELL BRANNEN**

Mailing Address 5555 GLENRIDGE CONNECTOR

City State Zip Code  
 ATLANTA GA 30342-

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 NAI BRANNEN GODDARD, LLC

Occupation  
 CHAIRMAN & CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

06 / 23 / 2016

Transaction ID : SA17.351108

Amount of Each Receipt this Period

5.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT; EARMARKED  
CONTRIBUTION FOR DONALD J TRUMP FOR  
PRESIDENT, INC. COMMITTEE ID

Full Name (Last, First, Middle Initial)

**C. MITCHELL BRANNEN**

Mailing Address 5555 GLENRIDGE CONNECTOR

City State Zip Code  
 ATLANTA GA 30342-

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 NAI BRANNEN GODDARD, LLC

Occupation  
 CHAIRMAN & CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

06 / 23 / 2016

Transaction ID : SA17.354421

Amount of Each Receipt this Period

295.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

545.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

## **A. PAUL BREITHAUPT**

Mailing Address 2025 SWAN DR.

City State Zip Code  
COSTA MESA CA 92626-4741

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 11 / 2016

Transaction ID : SA17.349534

Amount of Each Receipt this Period

5.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT; EARMARKED  
CONTRIBUTION FOR DONALD J TRUMP FOR  
PRESIDENT, INC. COMMITTEE ID

Full Name (Last, First, Middle Initial)

## **B. PAUL BREITHAUPT**

Mailing Address 2025 SWAN DR.

City State Zip Code  
COSTA MESA CA 92626-4741

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 11 / 2016

Transaction ID : SA17.354430

Amount of Each Receipt this Period

495.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

## **C. MICHAEL BRODER**

Mailing Address 1420 LOCUST STREET  
SUITE 7G,

City State Zip Code  
PHILADELPHIA PA 19102-4205

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF

Occupation

CLINICAL PSYCHOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 14 / 2016

Transaction ID : SA17.349906

Amount of Each Receipt this Period

5.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT; EARMARKED  
CONTRIBUTION FOR DONALD J TRUMP FOR  
PRESIDENT, INC. COMMITTEE ID

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

505.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial) <b>A. MICHAEL BRODER</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 14 / 2016 <b>Transaction ID : SA17.349907</b>	
Mailing Address 1420 LOCUST STREET SUITE 7G, City PHILADELPHIA State PA Zip Code 19102-4205		Amount of Each Receipt this Period 5.00 <input type="checkbox"/> Memo Item <b>CONTRIBUTION</b>	
FEC ID number of contributing federal political committee. <b>C</b>		NON CONTRIBUTION ACCOUNT; EARMARKED CONTRIBUTION FOR DONALD J TRUMP FOR PRESIDENT, INC. COMMITTEE ID	
Name of Employer SELF Occupation CLINICAL PSYCHOLOGIST			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) <b>B. MICHAEL BRODER</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 14 / 2016 <b>Transaction ID : SA17.353725</b>	
Mailing Address 1420 LOCUST STREET SUITE 7G, City PHILADELPHIA State PA Zip Code 19102-4205		Amount of Each Receipt this Period 45.00 <input type="checkbox"/> Memo Item <b>CONTRIBUTION</b>	
FEC ID number of contributing federal political committee. <b>C</b>		NON CONTRIBUTION ACCOUNT	
Name of Employer SELF Occupation CLINICAL PSYCHOLOGIST			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) <b>C. MICHAEL BRODER</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 14 / 2016 <b>Transaction ID : SA17.353726</b>	
Mailing Address 1420 LOCUST STREET SUITE 7G, City PHILADELPHIA State PA Zip Code 19102-4205		Amount of Each Receipt this Period 45.00 <input type="checkbox"/> Memo Item <b>CONTRIBUTION</b>	
FEC ID number of contributing federal political committee. <b>C</b>		NON CONTRIBUTION ACCOUNT	
Name of Employer SELF Occupation CLINICAL PSYCHOLOGIST			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	
<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶		95.00	
<b>TOTAL</b> This Period (last page this line number only)..... ▶			

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
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<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. ROBERT BROSELOW**

Mailing Address P.O. BOX 489

City  
SLATONState  
TXZip Code  
79364-0489FEC ID number of contributing  
federal political committee.

C

Name of Employer

AMARILLO URGENT CARE

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

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

Transaction ID : SA17.348500

Amount of Each Receipt this Period

250.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**B. ANDREW BROWN**

Mailing Address P.O. BOX 648

City

GADSDEN

State

AL

Zip Code

35902-0648

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF

Occupation

M.D. OTOLARYNGOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID : SA17.333740

Amount of Each Receipt this Period

200.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**C. CYNTHIA BROWN**

Mailing Address 5840 E VIA LOS CABALLOS

City

PARADISE VALLEY

State

AZ

Zip Code

85253-

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID : SA17.348536

Amount of Each Receipt this Period

250.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

700.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

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

Mailing Address 797 HARRISON RD

City	State	Zip Code
VILLANOVA	PA	19085-

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

SCC

Occupation

INVESTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

**06 / 30 / 2016**

**Transaction ID : SA17.348572**

Amount of Each Receipt this Period

250.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

Mailing Address 600 REED ROAD  
 SUITE 301

City	State	Zip Code
BROOMALL	PA	19008-3505

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

**06 / 25 / 2016**

**Transaction ID : SA17.348654**

Amount of Each Receipt this Period

500.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

Mailing Address 2727 S OCEANBLVD  
 906

City	State	Zip Code
HIGHLAND BEACH	FL	33487-

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

**06 / 16 / 2016**

**Transaction ID : SA17.348429**

Amount of Each Receipt this Period

250.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

1000.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial) <b>A. ALICIA BRUSENHAN</b>			Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 16 / 2016 <b>Transaction ID : SA17.348619</b>	
Mailing Address 501 ELIZABETH ROAD			Amount of Each Receipt this Period 500.00	
City SAN ANTONIO	State TX	Zip Code 78209-	<input type="checkbox"/> Memo Item CONTRIBUTION	
FEC ID number of contributing federal political committee. C			NON CONTRIBUTION ACCOUNT	
Name of Employer SELF	Occupation WIFE & MOTHER			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00			
Full Name (Last, First, Middle Initial) <b>B. DAVID BUCHANAN</b>			Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 02 / 2016 <b>Transaction ID : SA17.348816</b>	
Mailing Address 6301 EAST HUNTRESS DR.			Amount of Each Receipt this Period 5.00	
City PARADISE VALLEY	State AZ	Zip Code 85253-8001	<input type="checkbox"/> Memo Item CONTRIBUTION	
FEC ID number of contributing federal political committee. C			NON CONTRIBUTION ACCOUNT; EARMARKED CONTRIBUTION FOR DONALD J TRUMP FOR PRESIDENT, INC. COMMITTEE ID	
Name of Employer RETIRED	Occupation RETIRED			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00			
Full Name (Last, First, Middle Initial) <b>C. DAVID BUCHANAN</b>			Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 02 / 2016 <b>Transaction ID : SA17.354022</b>	
Mailing Address 6301 EAST HUNTRESS DR.			Amount of Each Receipt this Period 95.00	
City PARADISE VALLEY	State AZ	Zip Code 85253-8001	<input type="checkbox"/> Memo Item CONTRIBUTION	
FEC ID number of contributing federal political committee. C			NON CONTRIBUTION ACCOUNT	
Name of Employer RETIRED	Occupation RETIRED			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00			
<b>SUBTOTAL</b> of Receipts This Page (optional).....			600.00	
<b>TOTAL</b> This Period (last page this line number only).....				

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 307 OF 2173

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17
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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)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. ED BUCHANAN**

Mailing Address 4950 WILIAMSON RD

City	State	Zip Code
CLINTON	MS	39056-

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	22	/	2016

Transaction ID : SA17.348586

Amount of Each Receipt this Period

400.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**B. HARRY BUCKEL**

Mailing Address 524 KETCH LANE

City	State	Zip Code
LONGBOAT KEY	FL	34228-3720

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

775.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	11	/	2016

Transaction ID : SA17.341648

Amount of Each Receipt this Period

25.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**C. HARRY BUCKEL**

Mailing Address 524 KETCH LANE

City	State	Zip Code
LONGBOAT KEY	FL	34228-3720

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

775.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	18	/	2016

Transaction ID : SA17.345683

Amount of Each Receipt this Period

50.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

475.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input checked="" type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. HARRY BUCKEL**

Mailing Address 524 KETCH LANE

City

LONGBOAT KEY

State

FL

Zip Code

34228-3720

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

775.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	18	/	2016

**Transaction ID : SA17.345703**

Amount of Each Receipt this Period

50.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**B. HARRY BUCKEL**

Mailing Address 524 KETCH LANE

City

LONGBOAT KEY

State

FL

Zip Code

34228-3720

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

775.00

Date of Receipt

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

**Transaction ID : SA17.346789**

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**C. HARRY BUCKEL**

Mailing Address 524 KETCH LANE

City

LONGBOAT KEY

State

FL

Zip Code

34228-3720

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

775.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	21	/	2016

**Transaction ID : SA17.347508**

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

250.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 309 OF 2173

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

## **A. HARRY BUCKEL**

Mailing Address 524 KETCH LANE

City State Zip Code  
LONGBOAT KEY FL 34228-3720

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

775.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 11 / 2016

Transaction ID : SA17.349427

Amount of Each Receipt this Period

5.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT; EARMARKED  
CONTRIBUTION FOR DONALD J TRUMP FOR  
PRESIDENT, INC. COMMITTEE ID

Full Name (Last, First, Middle Initial)

## **B. HARRY BUCKEL**

Mailing Address 524 KETCH LANE

City State Zip Code  
LONGBOAT KEY FL 34228-3720

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

775.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 11 / 2016

Transaction ID : SA17.353643

Amount of Each Receipt this Period

45.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

## **C. DANIEL BUNN**

Mailing Address POBOX 5005 PMB116

City State Zip Code  
RANCHO SANTA FE CA 92067-

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF

Occupation

INVESTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 17 / 2016

Transaction ID : SA17.348584

Amount of Each Receipt this Period

350.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

400.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 310 OF 2173

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. ALAN BURKART**

Mailing Address 5131 HIGH DESERT PL NE

City	State	Zip Code
ALBUQUERQUE	NM	87111-9204

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	07	/	2016

Transaction ID : SA17.348593

Amount of Each Receipt this Period

500.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**B. ALAN BURKART**

Mailing Address 5131 HIGH DESERT PL NE

City	State	Zip Code
ALBUQUERQUE	NM	87111-9204

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	24	/	2016

Transaction ID : SA17.348650

Amount of Each Receipt this Period

500.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**C. MARILYN RISNER BURKE**

Mailing Address 313 E MAIN ST

City	State	Zip Code
DAVIS	OK	73030-1905

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MARILYN'S INSURANCE AND MARILYN'S RE.

Occupation

SELF EMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	21	/	2016

Transaction ID : SA17.348477

Amount of Each Receipt this Period

250.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1250.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. PAUL BURKETT**Mailing Address 18124 WEDGE PARKWAY  
509

City	State	Zip Code
RENO	NV	89511-8134

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SNOASPEN INSURANCE GROUP, INC.Occupation  
INSURANCE BROKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	13	/	2016

Transaction ID : SA17.347211

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**B. SHIRLEY BURT**

Mailing Address 210 RIVER DRIVE

City	State	Zip Code
BETTENDORF	IA	52722-

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELFOccupation  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	09	/	2016

Transaction ID : SA17.348578

Amount of Each Receipt this Period

300.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**C. MR. JACK A. BUZBEE**

Mailing Address 200 E DOUGLAS ST

City	State	Zip Code
DE SOTO	IL	62924-1512

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	13	/	2016

Transaction ID : SA17.349805

Amount of Each Receipt this Period

5.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT; EARMARKED  
CONTRIBUTION FOR DONALD J TRUMP FOR  
PRESIDENT, INC. COMMITTEE ID

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

405.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 312 OF 2173

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial) <b>A. MR. JACK A. BUZBEE</b>			Date of Receipt <div> <div>M M / D D / Y Y Y Y Y Y</div> <div>06 / 13 / 2016</div> </div>	
Mailing Address 200 E DOUGLAS ST			<b>Transaction ID : SA17.353710</b>	
City DE SOTO	State IL	Zip Code 62924-1512	Amount of Each Receipt this Period <div> <div>45.00</div> </div>	
FEC ID number of contributing federal political committee. <div>C</div>			<input type="checkbox"/> Memo Item	
Name of Employer RETIRED		Occupation RETIRED	CONTRIBUTION	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <div>300.00</div>	NON CONTRIBUTION ACCOUNT	

Full Name (Last, First, Middle Initial) <b>B. MICHELE CABOT</b>			Date of Receipt <div> <div>M M / D D / Y Y Y Y Y Y</div> <div>06 / 07 / 2016</div> </div>	
Mailing Address 1342 SNYDER ROAD			<b>Transaction ID : SA17.340960</b>	
City GREEN LANE	State PA	Zip Code 18054-9542	Amount of Each Receipt this Period <div> <div>25.00</div> </div>	
FEC ID number of contributing federal political committee. <div>C</div>			<input type="checkbox"/> Memo Item	
Name of Employer RETIRED		Occupation RETIRED	CONTRIBUTION	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <div>500.00</div>	NON CONTRIBUTION ACCOUNT	

Full Name (Last, First, Middle Initial) <b>C. MICHELE CABOT</b>			Date of Receipt <div> <div>M M / D D / Y Y Y Y Y Y</div> <div>06 / 10 / 2016</div> </div>	
Mailing Address 1342 SNYDER ROAD			<b>Transaction ID : SA17.341582</b>	
City GREEN LANE	State PA	Zip Code 18054-9542	Amount of Each Receipt this Period <div> <div>25.00</div> </div>	
FEC ID number of contributing federal political committee. <div>C</div>			<input type="checkbox"/> Memo Item	
Name of Employer RETIRED		Occupation RETIRED	CONTRIBUTION	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <div>500.00</div>	NON CONTRIBUTION ACCOUNT	

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

95.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 313 OF 2173

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

<b>A. MICHELE CABOT</b> Full Name (Last, First, Middle Initial) Mailing Address 1342 SNYDER ROAD City GREEN LANE State PA Zip Code 18054-9542 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer RETIRED Occupation RETIRED Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 10 / 2016 <b>Transaction ID : SA17.341583</b> Amount of Each Receipt this Period 25.00 <input type="checkbox"/> Memo Item CONTRIBUTION NON CONTRIBUTION ACCOUNT
<b>B. MICHELE CABOT</b> Full Name (Last, First, Middle Initial) Mailing Address 1342 SNYDER ROAD City GREEN LANE State PA Zip Code 18054-9542 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer RETIRED Occupation RETIRED Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 10 / 2016 <b>Transaction ID : SA17.341584</b> Amount of Each Receipt this Period 25.00 <input type="checkbox"/> Memo Item CONTRIBUTION NON CONTRIBUTION ACCOUNT
<b>C. MICHELE CABOT</b> Full Name (Last, First, Middle Initial) Mailing Address 1342 SNYDER ROAD City GREEN LANE State PA Zip Code 18054-9542 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer RETIRED Occupation RETIRED Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 02 / 2016 <b>Transaction ID : SA17.346823</b> Amount of Each Receipt this Period 100.00 <input type="checkbox"/> Memo Item CONTRIBUTION NON CONTRIBUTION ACCOUNT
<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶		150.00
<b>TOTAL</b> This Period (last page this line number only)..... ▶		

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

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☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

<p>Full Name (Last, First, Middle Initial) <b>A. MICHELE CABOT</b></p> <p>Mailing Address 1342 SNYDER ROAD</p> <p>City GREEN LANE State PA Zip Code 18054-9542</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer RETIRED Occupation RETIRED</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼         </p> <p>Aggregate Year-to-Date ▼ 500.00</p>			<p>Date of Receipt  <b>06 / 26 / 2016</b>  <b>Transaction ID : SA17.347987</b> </p> <p>Amount of Each Receipt this Period 100.00</p> <p><input type="checkbox"/> Memo Item CONTRIBUTION</p> <p>NON CONTRIBUTION ACCOUNT</p>		
<p>Full Name (Last, First, Middle Initial) <b>B. MICHELE CABOT</b></p> <p>Mailing Address 1342 SNYDER ROAD</p> <p>City GREEN LANE State PA Zip Code 18054-9542</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer RETIRED Occupation RETIRED</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼         </p> <p>Aggregate Year-to-Date ▼ 500.00</p>			<p>Date of Receipt  <b>06 / 22 / 2016</b>  <b>Transaction ID : SA17.350176</b> </p> <p>Amount of Each Receipt this Period 5.00</p> <p><input type="checkbox"/> Memo Item CONTRIBUTION</p> <p>NON CONTRIBUTION ACCOUNT; EARMARKED CONTRIBUTION FOR DONALD J TRUMP FOR PRESIDENT, INC. COMMITTEE ID</p>		
<p>Full Name (Last, First, Middle Initial) <b>C. MICHELE CABOT</b></p> <p>Mailing Address 1342 SNYDER ROAD</p> <p>City GREEN LANE State PA Zip Code 18054-9542</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer RETIRED Occupation RETIRED</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼         </p> <p>Aggregate Year-to-Date ▼ 500.00</p>			<p>Date of Receipt  <b>06 / 22 / 2016</b>  <b>Transaction ID : SA17.354183</b> </p> <p>Amount of Each Receipt this Period 95.00</p> <p><input type="checkbox"/> Memo Item CONTRIBUTION</p> <p>NON CONTRIBUTION ACCOUNT</p>		
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>			200.00		
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>					

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 315 OF 2173

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial) <b>A. DOLORES CAKEBREAD</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 28 / 2016 <b>Transaction ID : SA17.348747</b>
Mailing Address P.O. BOX 531		Amount of Each Receipt this Period 1000.00
City RUTHERFORD	State CA	Zip Code 94573-
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item CONTRIBUTION
Name of Employer CAKEBREAD.CELLARS	Occupation SR. VP	NON CONTRIBUTION ACCOUNT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>B. MICHAEL CALDWELL</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 09 / 2016 <b>Transaction ID : SA17.348406</b>
Mailing Address 3138 YELLOWSTONE RD		Amount of Each Receipt this Period 250.00
City MILLADORE	State WI	Zip Code 54454-
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item CONTRIBUTION
Name of Employer MARSHFIELD CLINIC	Occupation SURGEON	NON CONTRIBUTION ACCOUNT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C. SUSAN CALHOUN</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 24 / 2016 <b>Transaction ID : SA17.346187</b>
Mailing Address 2917 RAMBLING WAY		Amount of Each Receipt this Period 50.00
City BLOOMFIELD HILLS	State MI	Zip Code 48302-1048
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item CONTRIBUTION
Name of Employer DIXIE GROUP	Occupation SALES MANAGER	NON CONTRIBUTION ACCOUNT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1300.00

**SCHEDULE A (FEC Form 3X)**  
**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"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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 NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial) <b>A. GLORIA CALLAHAN</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 30 / 2016 <b>Transaction ID : SA17.346669</b>	
Mailing Address 229 SHAKERAG ROAD City State Zip Code AIKEN SC 29803-6262		Amount of Each Receipt this Period 50.00 <input type="checkbox"/> Memo Item CONTRIBUTION	
FEC ID number of contributing federal political committee. C		NON CONTRIBUTION ACCOUNT	
Name of Employer Occupation RETIRED RETIRED			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 405.00	
Full Name (Last, First, Middle Initial) <b>B. GLORIA CALLAHAN</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 22 / 2016 <b>Transaction ID : SA17.350115</b>	
Mailing Address 229 SHAKERAG ROAD City State Zip Code AIKEN SC 29803-6262		Amount of Each Receipt this Period 5.00 <input type="checkbox"/> Memo Item CONTRIBUTION	
FEC ID number of contributing federal political committee. C		NON CONTRIBUTION ACCOUNT; EARMARKED CONTRIBUTION FOR DONALD J TRUMP FOR PRESIDENT, INC. COMMITTEE ID	
Name of Employer Occupation RETIRED RETIRED			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 405.00	
Full Name (Last, First, Middle Initial) <b>C. GLORIA CALLAHAN</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 22 / 2016 <b>Transaction ID : SA17.354388</b>	
Mailing Address 229 SHAKERAG ROAD City State Zip Code AIKEN SC 29803-6262		Amount of Each Receipt this Period 245.00 <input type="checkbox"/> Memo Item CONTRIBUTION	
FEC ID number of contributing federal political committee. C		NON CONTRIBUTION ACCOUNT	
Name of Employer Occupation RETIRED RETIRED			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 405.00	
<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶		300.00	
<b>TOTAL</b> This Period (last page this line number only)..... ▶			

**SCHEDULE A (FEC Form 3X)**  
**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"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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 NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial) <b>A. GLORIA CALLAHAN</b>			Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 13 / 2016 <b>Transaction ID : SA17.354821</b>		
Mailing Address 229 SHAKERAG ROAD			Amount of Each Receipt this Period 5.00		
City AIKEN	State SC	Zip Code 29803-6262	<input type="checkbox"/> Memo Item CONTRIBUTION		
FEC ID number of contributing federal political committee. C			NON CONTRIBUTION ACCOUNT; EARMARKED CONTRIBUTION FOR DONALD J TRUMP FOR PRESIDENT, INC. COMMITTEE ID		
Name of Employer RETIRED	Occupation RETIRED		Aggregate Year-to-Date ▼ 405.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					
Full Name (Last, First, Middle Initial) <b>B. LEONORA CALLAHAN</b>			Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 13 / 2016 <b>Transaction ID : SA17.341772</b>		
Mailing Address 625 ISLAND DR.			Amount of Each Receipt this Period 25.00		
City PALM BEACH	State FL	Zip Code 33480-4744	<input type="checkbox"/> Memo Item CONTRIBUTION		
FEC ID number of contributing federal political committee. C			NON CONTRIBUTION ACCOUNT		
Name of Employer RETIRED	Occupation RETIRED		Aggregate Year-to-Date ▼ 450.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					
Full Name (Last, First, Middle Initial) <b>C. LEONORA CALLAHAN</b>			Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 21 / 2016 <b>Transaction ID : SA17.343188</b>		
Mailing Address 625 ISLAND DR.			Amount of Each Receipt this Period 25.00		
City PALM BEACH	State FL	Zip Code 33480-4744	<input type="checkbox"/> Memo Item CONTRIBUTION		
FEC ID number of contributing federal political committee. C			NON CONTRIBUTION ACCOUNT		
Name of Employer RETIRED	Occupation RETIRED		Aggregate Year-to-Date ▼ 450.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					
<b>SUBTOTAL</b> of Receipts This Page (optional).....			55.00		
<b>TOTAL</b> This Period (last page this line number only).....					

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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

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(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

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

Mailing Address 625 ISLAND DR.

City	State	Zip Code
PALM BEACH	FL	33480-4744

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

**06** / **02** / **2016**

Transaction ID : **SA17.348788**

Amount of Each Receipt this Period

5.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT; EARMARKED  
CONTRIBUTION FOR DONALD J TRUMP FOR  
PRESIDENT, INC. COMMITTEE ID

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

Mailing Address 625 ISLAND DR.

City	State	Zip Code
PALM BEACH	FL	33480-4744

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

**06** / **02** / **2016**

Transaction ID : **SA17.353530**

Amount of Each Receipt this Period

45.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

Mailing Address 300 LETTERMAN AVE

City	State	Zip Code
KNOXVILLE	TN	37919-

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

SELF

Occupation

REAL ESTATE DEVELOPER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

**06** / **08** / **2016**

Transaction ID : **SA17.348602**

Amount of Each Receipt this Period

500.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

550.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

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☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial) <b>A. LARRY CAMPBELL</b>			Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 11 / 2016 <b>Transaction ID : SA17.349423</b>	
Mailing Address 75 HUNTINGTON ST			Amount of Each Receipt this Period 5.00	
City COVINGTON	State GA	Zip Code 30016-	<input type="checkbox"/> Memo Item CONTRIBUTION	
FEC ID number of contributing federal political committee. C			NON CONTRIBUTION ACCOUNT; EARMARKED CONTRIBUTION FOR DONALD J TRUMP FOR PRESIDENT, INC. COMMITTEE ID	
Name of Employer GOLDEN STATE FOODS	Occupation INDUSTRIAL MAINTENANCE MECHANIC		Amount of Each Receipt this Period 350.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00		<input type="checkbox"/> Memo Item CONTRIBUTION	
Full Name (Last, First, Middle Initial) <b>B. LARRY CAMPBELL</b>			Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 11 / 2016 <b>Transaction ID : SA17.354098</b>	
Mailing Address 75 HUNTINGTON ST			Amount of Each Receipt this Period 95.00	
City COVINGTON	State GA	Zip Code 30016-	<input type="checkbox"/> Memo Item CONTRIBUTION	
FEC ID number of contributing federal political committee. C			NON CONTRIBUTION ACCOUNT	
Name of Employer GOLDEN STATE FOODS	Occupation INDUSTRIAL MAINTENANCE MECHANIC		Amount of Each Receipt this Period 350.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00		<input type="checkbox"/> Memo Item CONTRIBUTION	
Full Name (Last, First, Middle Initial) <b>C. MARGARITA CAMPBELL</b>			Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 21 / 2016 <b>Transaction ID : SA17.347593</b>	
Mailing Address 31380 CONGRESSIONAL DR.			Amount of Each Receipt this Period 100.00	
City TEMECULA	State CA	Zip Code 92591-3976	<input type="checkbox"/> Memo Item CONTRIBUTION	
FEC ID number of contributing federal political committee. C			NON CONTRIBUTION ACCOUNT	
Name of Employer RETIRED	Occupation RETIRED		Amount of Each Receipt this Period 350.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00		<input type="checkbox"/> Memo Item CONTRIBUTION	
<b>SUBTOTAL</b> of Receipts This Page (optional).....			200.00	
<b>TOTAL</b> This Period (last page this line number only).....				

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. JEFF CANFIELD**

Mailing Address 19307 COUNTY ROAD Q

City	State	Zip Code
FORT MORGAN	CO	80701-

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CANFIELD DRILLING CO., INC.Occupation  
WATER WELL CONTRACTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2016

Transaction ID : SA17.348680

Amount of Each Receipt this Period

500.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**B. MARK CARNAHAN**

Mailing Address 6558 WANDERMERE DR.

City	State	Zip Code
SAN DIEGO	CA	92120-3217

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
N/AOccupation  
DISABLED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2016

Transaction ID : SA17.348678

Amount of Each Receipt this Period

500.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**C. DAVID CARSON**

Mailing Address 4917 CHIPPEWA DRIVE

City	State	Zip Code
LARKSPUR	CO	80118-8924

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
XYBIX SYSTEMS, INC.Occupation  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	20	/	2016

Transaction ID : SA17.347477

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ▶

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

1100.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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

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(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. KENNETH S CARTER**

Mailing Address 4119 MARSHA SHARP FREEWAY

City	State	Zip Code
LUBBOCK	TX	79407-

FEC ID number of contributing federal political committee.

C

Name of Employer

OTTO'S GRANARY

Occupation

OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	21	/	2016

Transaction ID : SA17.348479

Amount of Each Receipt this Period

250.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**B. GARY CASTEEL**

Mailing Address 1350 STATE ROUTE 88

City	State	Zip Code
MINDEN	NV	89423-4626

FEC ID number of contributing federal political committee.

C

Name of Employer

SELF

Occupation

RANCHING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	28	/	2016

Transaction ID : SA17.348552

Amount of Each Receipt this Period

250.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**C. PATRICK CHANG-LO**

Mailing Address 48 SALVADOR WAY

City	State	Zip Code
SAN RAFAEL	CA	94903-

FEC ID number of contributing federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	18	/	2016

Transaction ID : SA17.348626

Amount of Each Receipt this Period

500.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1000.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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

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(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial) <b>A. RONALD CHAPOTON</b>		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>06</td> <td>/</td> <td>21</td> <td>/</td> <td>2016</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	06	/	21	/	2016
M M M	/	D D D	/	Y Y Y Y Y Y								
06	/	21	/	2016								
Mailing Address 2002 20TH ST. A-102		<b>Transaction ID : SA17.347522</b>										
City KENNER	State LA	Zip Code 70062-										
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00										
Name of Employer SELF EMPLOYED	Occupation FINANCIAL PLANNER	<input type="checkbox"/> Memo Item CONTRIBUTION										
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	NON CONTRIBUTION ACCOUNT										

Full Name (Last, First, Middle Initial) <b>B. FERNANDO CHARRO</b>		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>06</td> <td>/</td> <td>08</td> <td>/</td> <td>2016</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	06	/	08	/	2016
M M M	/	D D D	/	Y Y Y Y Y Y								
06	/	08	/	2016								
Mailing Address 7311 VENICE ST		<b>Transaction ID : SA17.348402</b>										
City FALLS CHURCH	State VA	Zip Code 22043-										
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00										
Name of Employer RETIRED	Occupation RETIRED	<input type="checkbox"/> Memo Item CONTRIBUTION										
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	NON CONTRIBUTION ACCOUNT										

Full Name (Last, First, Middle Initial) <b>C. FERNANDO CHARRO</b>		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>06</td> <td>/</td> <td>30</td> <td>/</td> <td>2016</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	06	/	30	/	2016
M M M	/	D D D	/	Y Y Y Y Y Y								
06	/	30	/	2016								
Mailing Address 7311 VENICE ST		<b>Transaction ID : SA17.348562</b>										
City FALLS CHURCH	State VA	Zip Code 22043-										
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00										
Name of Employer RETIRED	Occupation RETIRED	<input type="checkbox"/> Memo Item CONTRIBUTION										
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	NON CONTRIBUTION ACCOUNT										

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

600.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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

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(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial) <b>A. HARRY CHATFIELD</b>		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>06</td> <td>/</td> <td>24</td> <td>/</td> <td>2016</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	06	/	24	/	2016
M M M	/	D D D	/	Y Y Y Y Y Y								
06	/	24	/	2016								
Mailing Address <b>1645 LAKES PKWY</b> <b>SUITE E</b>		<b>Transaction ID : SA17.347907</b>										
City <b>LAWRENCEVILLE</b>	State <b>GA</b>	Zip Code <b>30043-</b>										
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <table border="1"> <tr> <td>100.00</td> </tr> </table>	100.00									
100.00												
Name of Employer <b>ATLANTA PRECISION SPINDLES, LLC</b>	Occupation <b>SMALL VETERAN OWNED BUSINESS</b>	<input type="checkbox"/> Memo Item <b>CONTRIBUTION</b>										
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <table border="1"> <tr> <td>600.00</td> </tr> </table>	600.00	<b>NON CONTRIBUTION ACCOUNT</b>									
600.00												

Full Name (Last, First, Middle Initial) <b>B. HARRY CHATFIELD</b>		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>06</td> <td>/</td> <td>16</td> <td>/</td> <td>2016</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	06	/	16	/	2016
M M M	/	D D D	/	Y Y Y Y Y Y								
06	/	16	/	2016								
Mailing Address <b>1645 LAKES PKWY</b> <b>SUITE E</b>		<b>Transaction ID : SA17.348585</b>										
City <b>LAWRENCEVILLE</b>	State <b>GA</b>	Zip Code <b>30043-</b>										
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <table border="1"> <tr> <td>400.00</td> </tr> </table>	400.00									
400.00												
Name of Employer <b>ATLANTA PRECISION SPINDLES, LLC</b>	Occupation <b>SMALL VETERAN OWNED BUSINESS</b>	<input type="checkbox"/> Memo Item <b>CONTRIBUTION</b>										
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <table border="1"> <tr> <td>600.00</td> </tr> </table>	600.00	<b>NON CONTRIBUTION ACCOUNT</b>									
600.00												

Full Name (Last, First, Middle Initial) <b>C. HARRY CHATFIELD</b>		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>06</td> <td>/</td> <td>15</td> <td>/</td> <td>2016</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	06	/	15	/	2016
M M M	/	D D D	/	Y Y Y Y Y Y								
06	/	15	/	2016								
Mailing Address <b>1645 LAKES PKWY</b> <b>SUITE E</b>		<b>Transaction ID : SA17.350018</b>										
City <b>LAWRENCEVILLE</b>	State <b>GA</b>	Zip Code <b>30043-</b>										
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <table border="1"> <tr> <td>5.00</td> </tr> </table>	5.00									
5.00												
Name of Employer <b>ATLANTA PRECISION SPINDLES, LLC</b>	Occupation <b>SMALL VETERAN OWNED BUSINESS</b>	<input type="checkbox"/> Memo Item <b>CONTRIBUTION</b>										
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <table border="1"> <tr> <td>600.00</td> </tr> </table>	600.00	<b>NON CONTRIBUTION ACCOUNT; EARMARKED CONTRIBUTION FOR DONALD J TRUMP FOR PRESIDENT, INC. COMMITTEE ID</b>									
600.00												

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

505.00
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# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

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☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial) <b>A. HARRY CHATFIELD</b>			Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 15 / 2016 <b>Transaction ID : SA17.354165</b>	
Mailing Address 1645 LAKES PKWY SUITE E			Amount of Each Receipt this Period 95.00	
City LAWRENCEVILLE	State GA	Zip Code 30043-	<input type="checkbox"/> Memo Item CONTRIBUTION	
FEC ID number of contributing federal political committee. C		NON CONTRIBUTION ACCOUNT		
Name of Employer ATLANTA PRECISION SPINDLES, LLC	Occupation SMALL VETERAN OWNED BUSINESS			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00			

Full Name (Last, First, Middle Initial) <b>B. BUCK CHEATHAM</b>			Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 08 / 2016 <b>Transaction ID : SA17.347005</b>	
Mailing Address 333 N. OAKWOOD DR.			Amount of Each Receipt this Period 100.00	
City STATESVILLE	State NC	Zip Code 28677-4123	<input type="checkbox"/> Memo Item CONTRIBUTION	
FEC ID number of contributing federal political committee. C		NON CONTRIBUTION ACCOUNT		
Name of Employer SELF	Occupation SALES			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00			

Full Name (Last, First, Middle Initial) <b>C. BUCK CHEATHAM</b>			Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 13 / 2016 <b>Transaction ID : SA17.349796</b>	
Mailing Address 333 N. OAKWOOD DR.			Amount of Each Receipt this Period 5.00	
City STATESVILLE	State NC	Zip Code 28677-4123	<input type="checkbox"/> Memo Item CONTRIBUTION	
FEC ID number of contributing federal political committee. C		NON CONTRIBUTION ACCOUNT; EARMARKED CONTRIBUTION FOR DONALD J TRUMP FOR PRESIDENT, INC. COMMITTEE ID		
Name of Employer SELF	Occupation SALES			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00			

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

200.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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

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(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. BUCK CHEATHAM**

Mailing Address 333 N. OAKWOOD DR.

City  
STATESVILLE

State Zip Code  
NC 28677-4123

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF

Occupation

SALES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 23 / 2016

Transaction ID : SA17.351262

Amount of Each Receipt this Period

5.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT; EARMARKED  
CONTRIBUTION FOR DONALD J TRUMP FOR  
PRESIDENT, INC. COMMITTEE ID

Full Name (Last, First, Middle Initial)

**B. BUCK CHEATHAM**

Mailing Address 333 N. OAKWOOD DR.

City  
STATESVILLE

State Zip Code  
NC 28677-4123

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF

Occupation

SALES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 13 / 2016

Transaction ID : SA17.352623

Amount of Each Receipt this Period

20.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**C. BUCK CHEATHAM**

Mailing Address 333 N. OAKWOOD DR.

City  
STATESVILLE

State Zip Code  
NC 28677-4123

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF

Occupation

SALES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 23 / 2016

Transaction ID : SA17.353947

Amount of Each Receipt this Period

45.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

70.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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

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(check only one)

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. JOHN CHEN**

Mailing Address 4700 CARSONS POND RD

City State Zip Code  
 CHARLOTTE NC 28226-

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

CHEMICAL ENGINEERING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 28 / 2016

Transaction ID : SA17.334063

Amount of Each Receipt this Period

250.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**B. MS. DANA CHRISTIAN**

Mailing Address 20230 BONNIE BRAE WAY

City State Zip Code  
 SARATOGA VA 95070-

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

06 / 11 / 2016

Transaction ID : SA17.348702

Amount of Each Receipt this Period

1000.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**C. JUDITH CLARK**

Mailing Address 517 E MAON ST

City State Zip Code  
 LAKE CITY SC 29560-

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 30 / 2016

Transaction ID : SA17.348568

Amount of Each Receipt this Period

250.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

1500.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 327 OF 2173  
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. LLOYD CLAUSS**

Mailing Address 16742 INTREPID LANE

City	State	Zip Code
HUNTINGTON BEACH	CA	92649-

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	22	/	2016

Transaction ID : SA17.348491

Amount of Each Receipt this Period

250.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**B. HARRY COAMBES**

Mailing Address P.O. BOX 95

City	State	Zip Code
FORDLAND	MO	65652-0095

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	29	/	2016

Transaction ID : SA17.348559

Amount of Each Receipt this Period

250.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**C. JAMES COLLINS**

Mailing Address 921 ALTAVILLE CT

City	State	Zip Code
LAS VEGAS	NV	89138-

FEC ID number of contributing  
federal political committee.

C

Name of Employer

T3I SOLUTIONS

Occupation

ANALYST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	24	/	2016

Transaction ID : SA17.351404

Amount of Each Receipt this Period

5.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT; EARMARKED  
CONTRIBUTION FOR DONALD J TRUMP FOR  
PRESIDENT, INC. COMMITTEE ID**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

505.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. JAMES COLLINS**

Mailing Address 921 ALTAVILLE CT

City  
 LAS VEGAS

State Zip Code  
 NV 89138-

FEC ID number of contributing  
 federal political committee.

**C**

Name of Employer

T3I SOLUTIONS

Occupation

ANALYST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

**06** / **24** / **2016**

**Transaction ID : SA17.354412**

Amount of Each Receipt this Period

245.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**B. JAMES COLUCCI**

Mailing Address 10374 STONEBRIDGE BLVD

City  
 BOCA RATON

State Zip Code  
 FL 33498-

FEC ID number of contributing  
 federal political committee.

**C**

Name of Employer

SINDICATO CIGAR COMPANY

Occupation

EXECUTIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

**06** / **24** / **2016**

**Transaction ID : SA17.348649**

Amount of Each Receipt this Period

500.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**C. ROBERT CONLEY JR.**

Mailing Address 5004 YELLOWSTONE DR.

City  
 NEW PORT RICHEY

State Zip Code  
 FL 34655-

FEC ID number of contributing  
 federal political committee.

**C**

Name of Employer

SELF

Occupation

BUSINESS OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

**06** / **08** / **2016**

**Transaction ID : SA17.348389**

Amount of Each Receipt this Period

250.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

995.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial) <b>A. MARIA CONNOR</b>			Date of Receipt <div> <div>M M / D D / Y Y Y Y Y Y</div> <div>06 / 16 / 2016</div> </div>	
Mailing Address 36 ALLERTON ST			<b>Transaction ID : SA17.347263</b>	
City BROOKLINE	State MA	Zip Code 02445-7726	Amount of Each Receipt this Period <div> <div>100.00</div> </div>	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item <b>CONTRIBUTION</b>		
Name of Employer POLYVINYL FILMS		Occupation MARKETING		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <div> <div>400.00</div> </div>		
			<b>NON CONTRIBUTION ACCOUNT</b>	

Full Name (Last, First, Middle Initial) <b>B. MARIA CONNOR</b>			Date of Receipt <div> <div>M M / D D / Y Y Y Y Y Y</div> <div>06 / 22 / 2016</div> </div>	
Mailing Address 36 ALLERTON ST			<b>Transaction ID : SA17.347690</b>	
City BROOKLINE	State MA	Zip Code 02445-7726	Amount of Each Receipt this Period <div> <div>100.00</div> </div>	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item <b>CONTRIBUTION</b>		
Name of Employer POLYVINYL FILMS		Occupation MARKETING		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <div> <div>400.00</div> </div>		
			<b>NON CONTRIBUTION ACCOUNT</b>	

Full Name (Last, First, Middle Initial) <b>C. MARIA CONNOR</b>			Date of Receipt <div> <div>M M / D D / Y Y Y Y Y Y</div> <div>06 / 02 / 2016</div> </div>	
Mailing Address 36 ALLERTON ST			<b>Transaction ID : SA17.348884</b>	
City BROOKLINE	State MA	Zip Code 02445-7726	Amount of Each Receipt this Period <div> <div>5.00</div> </div>	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item <b>CONTRIBUTION</b>		
Name of Employer POLYVINYL FILMS		Occupation MARKETING		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <div> <div>400.00</div> </div>		
			<b>NON CONTRIBUTION ACCOUNT; EARMARKED CONTRIBUTION FOR DONALD J TRUMP FOR PRESIDENT, INC. COMMITTEE ID</b>	

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

205.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 330 OF 2173

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. MARIA CONNOR**

Mailing Address 36 ALLERTON ST

City  
BROOKLINE

State  
MA

Zip Code  
02445-7726

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
POLYVINYL FILMS

Occupation  
MARKETING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 02 / 2016

Transaction ID : SA17.354027

Amount of Each Receipt this Period

95.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**B. JAMES COOL**

Mailing Address 610 W 2ND ST

City  
NEWPORT

State  
WA

Zip Code  
99156-

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF

Occupation  
DENTIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 17 / 2016

Transaction ID : SA17.348719

Amount of Each Receipt this Period

1000.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**C. DOUGLAS COOMER**

Mailing Address 746 LONG LAUREL RIDGE DR.

City  
LAKEMONT

State  
GA

Zip Code  
30552-

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 02 / 2016

Transaction ID : SA17.348377

Amount of Each Receipt this Period

250.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1345.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial) <b>A. J. LEWIS COOPER, JR.</b>			Date of Receipt <div> <div>M M / D D / Y Y Y Y Y Y</div> <div>06 / 22 / 2016</div> </div>	
Mailing Address 743 LOCHMOOR BLVD. 743 LOCHMOOR BLVD.			<b>Transaction ID : SA17.348733</b>	
City GROSSE POINTE	State MI	Zip Code 48236-	Amount of Each Receipt this Period <div> <div>1000.00</div> </div>	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item CONTRIBUTION		
Name of Employer GREAT LAKES WINE & SPIRITS		Occupation BOARD MEMBER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <div> <div>1000.00</div> </div>		
			NON CONTRIBUTION ACCOUNT	

Full Name (Last, First, Middle Initial) <b>B. BRENDA COPELY</b>			Date of Receipt <div> <div>M M / D D / Y Y Y Y Y Y</div> <div>06 / 18 / 2016</div> </div>	
Mailing Address 5109 THE OAKS CIRCLE			<b>Transaction ID : SA17.347410</b>	
City ORLANDO	State FL	Zip Code 32809-3050	Amount of Each Receipt this Period <div> <div>100.00</div> </div>	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item CONTRIBUTION		
Name of Employer COPELY EYE CLINIC		Occupation REGISTERED NURSE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <div> <div>400.00</div> </div>		
			NON CONTRIBUTION ACCOUNT	

Full Name (Last, First, Middle Initial) <b>C. BRENDA COPELY</b>			Date of Receipt <div> <div>M M / D D / Y Y Y Y Y Y</div> <div>06 / 18 / 2016</div> </div>	
Mailing Address 5109 THE OAKS CIRCLE			<b>Transaction ID : SA17.347411</b>	
City ORLANDO	State FL	Zip Code 32809-3050	Amount of Each Receipt this Period <div> <div>100.00</div> </div>	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item CONTRIBUTION		
Name of Employer COPELY EYE CLINIC		Occupation REGISTERED NURSE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <div> <div>400.00</div> </div>		
			NON CONTRIBUTION ACCOUNT	

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

1200.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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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)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. JAMES COPLEY**

Mailing Address 3568 HAMMOND BLVD.

City State Zip Code  
 AKRON OH 44321-

FEC ID number of contributing  
federal political committee.

C

Name of Employer

PERM. DISABLED

Occupation

HANDICAPPED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 08 / 2016

Transaction ID : SA17.345189

Amount of Each Receipt this Period

50.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**B. JAMES COPLEY**

Mailing Address 3568 HAMMOND BLVD.

City State Zip Code  
 AKRON OH 44321-

FEC ID number of contributing  
federal political committee.

C

Name of Employer

PERM. DISABLED

Occupation

HANDICAPPED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 22 / 2016

Transaction ID : SA17.345980

Amount of Each Receipt this Period

50.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**C. LUD CORRAO**

Mailing Address P.O. BOX 12907

City State Zip Code  
 RENO NV 89510-2907

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 08 / 2016

Transaction ID : SA17.348697

Amount of Each Receipt this Period

1000.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

1100.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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

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(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17
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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)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. ELLIS COURTE**

Mailing Address 1719 LOFTY MAPLE TRAIL

City	State	Zip Code
KINGWOOD	TX	77345-1937

FEC ID number of contributing federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
06				03			2016					

Transaction ID : SA17.346858

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**B. ELLIS COURTE**

Mailing Address 1719 LOFTY MAPLE TRAIL

City	State	Zip Code
KINGWOOD	TX	77345-1937

FEC ID number of contributing federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
06				17			2016					

Transaction ID : SA17.348621

Amount of Each Receipt this Period

500.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**C. CHARLES COX**Mailing Address 4668 SAINT CLAIR AVENUE  
4668 SAINT CLAIR AVE

City	State	Zip Code
VALLEY VILLAGE	CA	91607-

FEC ID number of contributing federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
06				16			2016					

Transaction ID : SA17.348433

Amount of Each Receipt this Period

250.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

850.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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for each category of the  
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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial) <b>A. STEVEN COYNE</b>			Date of Receipt <div> <div>M M / D D / Y Y Y Y Y Y</div> <div>06 / 04 / 2016</div> </div>	
Mailing Address 4331 BOWLING GREEN CIR.			<b>Transaction ID : SA17.345011</b>	
City SARASOTA	State FL	Zip Code 34233-3841	Amount of Each Receipt this Period <div> <div>50.00</div> </div>	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item CONTRIBUTION		
Name of Employer RETIRED		Occupation RETIRED	NON CONTRIBUTION ACCOUNT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <div> <div>250.00</div> </div>		

Full Name (Last, First, Middle Initial) <b>B. RUSSELL CRANFORD II</b>			Date of Receipt <div> <div>M M / D D / Y Y Y Y Y Y</div> <div>06 / 16 / 2016</div> </div>	
Mailing Address 56 TALAIS DR.			<b>Transaction ID : SA17.348440</b>	
City LITTLE ROCK	State AR	Zip Code 72223-	Amount of Each Receipt this Period <div> <div>250.00</div> </div>	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item CONTRIBUTION		
Name of Employer SELF		Occupation PHYSIAN	NON CONTRIBUTION ACCOUNT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <div> <div>250.00</div> </div>		

Full Name (Last, First, Middle Initial) <b>C. ERIC CRAWFORD</b>			Date of Receipt <div> <div>M M / D D / Y Y Y Y Y Y</div> <div>06 / 01 / 2016</div> </div>	
Mailing Address 1398 SW 160TH AVE STE 306			<b>Transaction ID : SA17.333660</b>	
City SUNRISE	State FL	Zip Code 33326-	Amount of Each Receipt this Period <div> <div>500.00</div> </div>	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item CONTRIBUTION		
Name of Employer FRESH RESULTS, LLC		Occupation INTL MARKETING	NON CONTRIBUTION ACCOUNT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <div> <div>500.00</div> </div>		

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

800.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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

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(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. ROBYN CREDICO**

Mailing Address 9008 BELMART RD

City  
 POTOMAC

State Zip Code  
 MD 20854-1616

FEC ID number of contributing  
 federal political committee.

C

Name of Employer  
 WTW

Occupation  
 ACTUARY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 15 / 2016

Transaction ID : SA17.348425

Amount of Each Receipt this Period

250.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**B. BARBARA CREIGHTON**

Mailing Address 27502 TED HUNT

City  
 LOS FRESNOS

State Zip Code  
 TX 78566-4715

FEC ID number of contributing  
 federal political committee.

C

Name of Employer  
 SARATI, INC.

Occupation  
 SELF EMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 12 / 2016

Transaction ID : SA17.341676

Amount of Each Receipt this Period

25.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**C. BARBARA CREIGHTON**

Mailing Address 27502 TED HUNT

City  
 LOS FRESNOS

State Zip Code  
 TX 78566-4715

FEC ID number of contributing  
 federal political committee.

C

Name of Employer  
 SARATI, INC.

Occupation  
 SELF EMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 22 / 2016

Transaction ID : SA17.350285

Amount of Each Receipt this Period

5.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT; EARMARKED  
 CONTRIBUTION FOR DONALD J TRUMP FOR  
 PRESIDENT, INC. COMMITTEE ID

SUBTOTAL of Receipts This Page (optional)..... ▶

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

280.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
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 (check only one)

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<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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 NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

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

Mailing Address 27502 TED HUNT

 City  
 LOS FRESNOS

 State  
 TX

 Zip Code  
 78566-4715

 FEC ID number of contributing  
 federal political committee.

 Name of Employer  
 SARATI, INC.

 Occupation  
 SELF EMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

 /  / 

Transaction ID : SA17.354205

Amount of Each Receipt this Period

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

 Full Name (Last, First, Middle Initial)  
**B. TERRENCE CRENSHAW**
Mailing Address 555 HAHAIONE STREET  
APT 10D
 City  
 HONOLULU

 State  
 HI

 Zip Code  
 96825-1458

 FEC ID number of contributing  
 federal political committee.

 Name of Employer  
 RETIRED

 Occupation  
 RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

 /  / 

Transaction ID : SA17.346851

Amount of Each Receipt this Period

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

 Full Name (Last, First, Middle Initial)  
**C. TERRENCE CRENSHAW**
Mailing Address 555 HAHAIONE STREET  
APT 10D
 City  
 HONOLULU

 State  
 HI

 Zip Code  
 96825-1458

 FEC ID number of contributing  
 federal political committee.

 Name of Employer  
 RETIRED

 Occupation  
 RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

 /  / 

Transaction ID : SA17.350328

Amount of Each Receipt this Period

☐ Memo Item

CONTRIBUTION

 NON CONTRIBUTION ACCOUNT; EARMARKED  
 CONTRIBUTION FOR DONALD J TRUMP FOR  
 PRESIDENT, INC. COMMITTEE ID

**SUBTOTAL** of Receipts This Page (optional)..... ►

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



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
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<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

<b>A. TERRENCE CRENSHAW</b> Full Name (Last, First, Middle Initial) Mailing Address 555 HAHAIONE STREET APT 10D City HONOLULU State HI Zip Code 96825-1458 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer RETIRED Occupation RETIRED Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 350.00		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 22 / 2016 <b>Transaction ID : SA17.354393</b> Amount of Each Receipt this Period 245.00 <input type="checkbox"/> Memo Item CONTRIBUTION NON CONTRIBUTION ACCOUNT
<b>B. RODDIE CROUCH</b> Full Name (Last, First, Middle Initial) Mailing Address 2145 RIVER FALLS. DR. City ROSWELL State GA Zip Code 30076- FEC ID number of contributing federal political committee. <b>C</b> Name of Employer RETIRED Occupation RETIRED Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 2250.00		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 21 / 2016 <b>Transaction ID : SA17.348466</b> Amount of Each Receipt this Period 250.00 <input type="checkbox"/> Memo Item CONTRIBUTION NON CONTRIBUTION ACCOUNT
<b>C. RODDIE CROUCH</b> Full Name (Last, First, Middle Initial) Mailing Address 2145 RIVER FALLS. DR. City ROSWELL State GA Zip Code 30076- FEC ID number of contributing federal political committee. <b>C</b> Name of Employer RETIRED Occupation RETIRED Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 2250.00		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 02 / 2016 <b>Transaction ID : SA17.348686</b> Amount of Each Receipt this Period 1000.00 <input type="checkbox"/> Memo Item CONTRIBUTION NON CONTRIBUTION ACCOUNT
<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶		1495.00
<b>TOTAL</b> This Period (last page this line number only)..... ▶		

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

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

Mailing Address **9731 N. LAMPLIGHTER LANE**

City State Zip Code  
**MEQUON WI 53092-**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**RETIRED**

Occupation

**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**250.00**

Date of Receipt

**06 / 10 / 2016**

**Transaction ID : SA17.348413**

Amount of Each Receipt this Period

**250.00**

☐ Memo Item

**CONTRIBUTION**

**NON CONTRIBUTION ACCOUNT**

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

Mailing Address **26726 MIDLAND RD**

City State Zip Code  
**BAY VILLAGE OH 44140-**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**MADISON MINERALS, INC**

Occupation

**SMALL BUSINESS OWNER - IRON & STEEL**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**250.00**

Date of Receipt

**06 / 01 / 2016**

**Transaction ID : SA17.348362**

Amount of Each Receipt this Period

**250.00**

☐ Memo Item

**CONTRIBUTION**

**NON CONTRIBUTION ACCOUNT**

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

Mailing Address **1051 WINDERLY PLACE**  
**100**

City State Zip Code  
**MAITLAND FL 32751-**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**BCA TECHNOLOGIES**

Occupation

**ENGINEER**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**1000.00**

Date of Receipt

**06 / 08 / 2016**

**Transaction ID : SA17.348695**

Amount of Each Receipt this Period

**1000.00**

☐ Memo Item

**CONTRIBUTION**

**NON CONTRIBUTION ACCOUNT**

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

**1500.00**

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**Full Name (Last, First, Middle Initial)  
**A. BERNARD CURRY**

Mailing Address 727 CENTRAL PARK AVENUE

City	State	Zip Code
SCARSDALE	NY	10583-

FEC ID number of contributing  
federal political committee.

C

Name of Employer

N/A

Occupation

N/A

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	22	/	2016

Transaction ID : SA17.348732

Amount of Each Receipt this Period

1000.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

Mailing Address 2067 HARTWICK CIRCLE

City	State	Zip Code
THOUSAND OAKS	CA	91360-

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	24	/	2016

Transaction ID : SA17.348651

Amount of Each Receipt this Period

500.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

Mailing Address 1744 E. 800 N

City	State	Zip Code
RUSHVILLE	IN	46173-

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF

Occupation

FARMER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2016

Transaction ID : SA17.348571

Amount of Each Receipt this Period

250.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1750.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

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☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

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

Mailing Address 10200 HARBOR PL #458

City State Zip Code  
MUKILTEO WA 98275-

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

**06 / 02 / 2016**

**Transaction ID : SA17.348374**

Amount of Each Receipt this Period

250.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

Mailing Address 7106 PASTURELANDS PLACE

City State Zip Code  
WINTER GARDEN FL 34787-6248

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

MALCOLM L. DAIGLE & ASSOCIATES, INC.

Occupation

ELEVATOR/ESCALATOR CONSULTANT/INSI

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

**06 / 23 / 2016**

**Transaction ID : SA17.347817**

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

Mailing Address 7106 PASTURELANDS PLACE

City State Zip Code  
WINTER GARDEN FL 34787-6248

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

MALCOLM L. DAIGLE & ASSOCIATES, INC.

Occupation

ELEVATOR/ESCALATOR CONSULTANT/INSI

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

**06 / 07 / 2016**

**Transaction ID : SA17.349360**

Amount of Each Receipt this Period

5.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT; EARMARKED  
CONTRIBUTION FOR DONALD J TRUMP FOR  
PRESIDENT, INC. COMMITTEE ID

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

355.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

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

Mailing Address 7106 PASTURELANDS PLACE

City State Zip Code  
 WINTER GARDEN FL 34787-6248

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

Name of Employer Occupation  
 MALCOLM L. DAIGLE & ASSOCIATES, INC. ELEVATOR/ESCALATOR CONSULTANT/INSI

Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
 300.00

Date of Receipt

**06** / **07** / **2016**

**Transaction ID : SA17.354089**

Amount of Each Receipt this Period

95.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

Mailing Address 159 GINGER COVE RD.

City State Zip Code  
 VALLEY NE 68064-

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

Name of Employer Occupation  
 DANA GROUP LLC REAL ESTATE

Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
 1000.00

Date of Receipt

**06** / **23** / **2016**

**Transaction ID : SA17.348739**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

Mailing Address P.O. BOX 578

City State Zip Code  
 NOVATO CA 94948-

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

Name of Employer Occupation  
 SELF PHYSICIAN-TOXICOLOGIST, SUPER BRAIN

Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
 2000.00

Date of Receipt

**06** / **22** / **2016**

**Transaction ID : SA17.348737**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

2095.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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

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(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial) <b>A. ROYA DARDASHTI</b>			Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 22 / 2016 <b>Transaction ID : SA17.350805</b>	
Mailing Address 16381 MANDALAY DR. City State Zip Code ENCINO CA 91436-			Amount of Each Receipt this Period 5.00 <input type="checkbox"/> Memo Item <b>CONTRIBUTION</b>	
FEC ID number of contributing federal political committee. C			NON CONTRIBUTION ACCOUNT; EARMARKED CONTRIBUTION FOR DONALD J TRUMP FOR PRESIDENT, INC. COMMITTEE ID	
Name of Employer SELF		Occupation SURGEON		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00		
Full Name (Last, First, Middle Initial) <b>B. ROYA DARDASHTI</b>			Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 22 / 2016 <b>Transaction ID : SA17.354448</b>	
Mailing Address 16381 MANDALAY DR. City State Zip Code ENCINO CA 91436-			Amount of Each Receipt this Period 995.00 <input type="checkbox"/> Memo Item <b>CONTRIBUTION</b>	
FEC ID number of contributing federal political committee. C			NON CONTRIBUTION ACCOUNT	
Name of Employer SELF		Occupation SURGEON		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00		
Full Name (Last, First, Middle Initial) <b>C. MICHAEL DATTOMA</b>			Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 22 / 2016 <b>Transaction ID : SA17.350217</b>	
Mailing Address 450 NORTH END AVENUE 14D City State Zip Code NEW YORK CITY NY 10282-			Amount of Each Receipt this Period 5.00 <input type="checkbox"/> Memo Item <b>CONTRIBUTION</b>	
FEC ID number of contributing federal political committee. C			NON CONTRIBUTION ACCOUNT; EARMARKED CONTRIBUTION FOR DONALD J TRUMP FOR PRESIDENT, INC. COMMITTEE ID	
Name of Employer SELF		Occupation SELF EMPLOYED		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00		
<b>SUBTOTAL</b> of Receipts This Page (optional).....			1005.00	
<b>TOTAL</b> This Period (last page this line number only).....				

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial) <b>A. MICHAEL DATTOMA</b>			Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 22 / 2016 <b>Transaction ID : SA17.354390</b>
Mailing Address 450 NORTH END AVENUE 14D			Amount of Each Receipt this Period 245.00 <input type="checkbox"/> Memo Item CONTRIBUTION  NON CONTRIBUTION ACCOUNT
City NEW YORK CITY	State NY	Zip Code 10282-	
FEC ID number of contributing federal political committee. C			
Name of Employer SELF	Occupation SELF EMPLOYED		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. DANIEL J DAVIS</b>			Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 25 / 2016 <b>Transaction ID : SA17.348520</b>
Mailing Address 24261 LAS NARANJAS			Amount of Each Receipt this Period 250.00 <input type="checkbox"/> Memo Item CONTRIBUTION  NON CONTRIBUTION ACCOUNT
City LAGUNA NIGUEL	State CA	Zip Code 92677-2116	
FEC ID number of contributing federal political committee. C			
Name of Employer SELF	Occupation MGT CONSULTANT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C. DANIEL J DAVIS</b>			Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 03 / 2016 <b>Transaction ID : SA17.349146</b>
Mailing Address 24261 LAS NARANJAS			Amount of Each Receipt this Period 5.00 <input type="checkbox"/> Memo Item CONTRIBUTION  NON CONTRIBUTION ACCOUNT; EARMARKED CONTRIBUTION FOR DONALD J TRUMP FOR PRESIDENT, INC. COMMITTEE ID
City LAGUNA NIGUEL	State CA	Zip Code 92677-2116	
FEC ID number of contributing federal political committee. C			
Name of Employer SELF	Occupation MGT CONSULTANT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DANIEL J DAVIS**

Mailing Address 24261 LAS NARANJAS

City State Zip Code  
LAGUNA NIGUEL CA 92677-2116

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF

Occupation

MGT CONSULTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 03 / 2016

Transaction ID : SA17.354380

Amount of Each Receipt this Period

245.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**B. JUDY DAVIS**

Mailing Address 2727 MILLER LANDING ROAD

City State Zip Code  
TALLAHASSEE FL 32312-9670

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 22 / 2016

Transaction ID : SA17.350691

Amount of Each Receipt this Period

5.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT; EARMARKED  
CONTRIBUTION FOR DONALD J TRUMP FOR  
PRESIDENT, INC. COMMITTEE ID

Full Name (Last, First, Middle Initial)

**C. JUDY DAVIS**

Mailing Address 2727 MILLER LANDING ROAD

City State Zip Code  
TALLAHASSEE FL 32312-9670

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 22 / 2016

Transaction ID : SA17.354399

Amount of Each Receipt this Period

245.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

495.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
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(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. RICHARD DAVIS**

Mailing Address 207 SPINNAKER DR.

City  
VERO BEACHState  
FLZip Code  
32963-2953FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID : SA17.347128

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**B. RICHARD DAVIS**

Mailing Address 207 SPINNAKER DR.

City  
VERO BEACHState  
FLZip Code  
32963-2953FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID : SA17.348281

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**C. LORRAINE & DAVID DEAK**

Mailing Address 625 JENKINS LANE

City  
NORTH WALESState  
PAZip Code  
19454-2427FEC ID number of contributing  
federal political committee.

C

Name of Employer

N/A

Occupation

BUSINESS SCHOOL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID : SA17.344909

Amount of Each Receipt this Period

50.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

250.00

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
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(check only one)

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☐ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)  
**A. LORRAINE & DAVID DEAK**

Mailing Address **625 JENKINS LANE**

City State Zip Code  
**NORTH WALES PA 19454-2427**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

N/A

Occupation

BUSINESS SCHOOL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**250.00**

Date of Receipt

**06 / 08 / 2016**

**Transaction ID : SA17.346980**

Amount of Each Receipt this Period

**100.00**

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

Mailing Address **906 S. 5TH STREET**

City State Zip Code  
**WATSEKA IL 60970-1704**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**205.00**

Date of Receipt

**06 / 13 / 2016**

**Transaction ID : SA17.354823**

Amount of Each Receipt this Period

**5.00**

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT; EARMARKED  
CONTRIBUTION FOR DONALD J TRUMP FOR  
PRESIDENT, INC. COMMITTEE ID

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

Mailing Address **232 DRIVER DR.**

City State Zip Code  
**SPRING HILL FL 34601-**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

UPS

Occupation

UPS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**5000.00**

Date of Receipt

**06 / 21 / 2016**

**Transaction ID : SA17.333988**

Amount of Each Receipt this Period

**5000.00**

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

**5105.00**

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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

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(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. RUTH DENAULT**

Mailing Address 4030 CALLE ARIANA

City	State	Zip Code
SAN CLEMENTE	CA	92672-

FEC ID number of contributing federal political committee.

C

Name of Employer

SELF

Occupation

HARDWARE MERCHANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	07	/	2016

Transaction ID : SA17.346950

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**B. RUTH DENAULT**

Mailing Address 4030 CALLE ARIANA

City	State	Zip Code
SAN CLEMENTE	CA	92672-

FEC ID number of contributing federal political committee.

C

Name of Employer

SELF

Occupation

HARDWARE MERCHANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	27	/	2016

Transaction ID : SA17.348534

Amount of Each Receipt this Period

250.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**C. ROBERT DESPAIN**

Mailing Address 79 MEADOW LANE

City	State	Zip Code
PRAY	MT	59065-4800

FEC ID number of contributing federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	04	/	2016

Transaction ID : SA17.340737

Amount of Each Receipt this Period

25.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶

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

375.00

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

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

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(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17
------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	--

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

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

Mailing Address 79 MEADOW LANE

City	State	Zip Code
PRAY	MT	59065-4800

FEC ID number of contributing federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	07	/	2016

Transaction ID : SA17.340927

Amount of Each Receipt this Period

25.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

Mailing Address 79 MEADOW LANE

City	State	Zip Code
PRAY	MT	59065-4800

FEC ID number of contributing federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	21	/	2016

Transaction ID : SA17.342932

Amount of Each Receipt this Period

25.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

Mailing Address 79 MEADOW LANE

City	State	Zip Code
PRAY	MT	59065-4800

FEC ID number of contributing federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	28	/	2016

Transaction ID : SA17.344128

Amount of Each Receipt this Period

25.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶

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

75.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. ROBERT DESPAIN**

Mailing Address 79 MEADOW LANE

City  
 PRAY

State Zip Code  
 MT 59065-4800

FEC ID number of contributing  
 federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 13 / 2016

Transaction ID : SA17.349793

Amount of Each Receipt this Period

5.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT; EARMARKED  
 CONTRIBUTION FOR DONALD J TRUMP FOR  
 PRESIDENT, INC. COMMITTEE ID

Full Name (Last, First, Middle Initial)

**B. ROBERT DESPAIN**

Mailing Address 79 MEADOW LANE

City  
 PRAY

State Zip Code  
 MT 59065-4800

FEC ID number of contributing  
 federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 13 / 2016

Transaction ID : SA17.352620

Amount of Each Receipt this Period

20.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**C. RUSSELL DI GIALLORENZO**

Mailing Address 2000 S. A1A OCEAN BLVD  
 508

City  
 JUPITER

State Zip Code  
 FL 33477-

FEC ID number of contributing  
 federal political committee.

C

Name of Employer

RETIRED NO MAIL

Occupation

RETIRED NO CALLS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 18 / 2016

Transaction ID : SA17.348624

Amount of Each Receipt this Period

500.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

525.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

## **A. DAVID DI MARIA**

Mailing Address 26905 WOODLANDS DRIVE

City State Zip Code  
 VALENCIA CA 91355-

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 ROGERS BENEFIT GROUP

Occupation  
 INSURANCE SALES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

**06 / 15 / 2016**

**Transaction ID : SA17.348613**

Amount of Each Receipt this Period

500.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

## **B. ANNA MARIE DIANA**

Mailing Address 2200 TUSCARAWAS ROAD

City State Zip Code  
 BEAVER PA 15009-

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 SELF

Occupation  
 BUSINESS CO OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

**06 / 14 / 2016**

**Transaction ID : SA17.348422**

Amount of Each Receipt this Period

250.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

## **C. ALBERTO DIAZ**

Mailing Address 11726 BRANCH MOORING DRIVE

City State Zip Code  
 TAMPA FL 33635-

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 BILL CURRIE FORD

Occupation  
 CPA

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

**06 / 16 / 2016**

**Transaction ID : SA17.348434**

Amount of Each Receipt this Period

250.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

1000.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

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☐ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

**A. RAYMOND DICKEY JR.**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1248 SPANIARD POINT RD  
City HIWASSEE State GA Zip Code 30546-5065  
FEC ID number of contributing federal political committee. **C**  
Name of Employer SELF Occupation PART TIME AIRCRAFT ENGINEER - RETIREE  
Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00

Date of Receipt

**06 / 21 / 2016**

**Transaction ID : SA17.348348**

Amount of Each Receipt this Period

200.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**B. WILLIAM DICKEY**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2317 SUL ROSS  
City HOUSTON State TX Zip Code 77098-  
FEC ID number of contributing federal political committee. **C**  
Name of Employer SELF Occupation REAL ESTATE  
Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

Date of Receipt

**06 / 08 / 2016**

**Transaction ID : SA17.348390**

Amount of Each Receipt this Period

250.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**C. LOUIS DIFRANCESCO**  
Full Name (Last, First, Middle Initial)  
Mailing Address 14 HEWITT AVE  
City BRONXVILLE State NY Zip Code 10708-  
FEC ID number of contributing federal political committee. **C**  
Name of Employer RETIRED Occupation RETIRED  
Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00

Date of Receipt

**06 / 28 / 2016**

**Transaction ID : SA17.348672**

Amount of Each Receipt this Period

500.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ▶

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

950.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
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(check only one)

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<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial) <b>A. JEFF DILL</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 29 / 2016 <b>Transaction ID : SA17.346509</b>
Mailing Address 66 PILGRIM DRIVE		Amount of Each Receipt this Period 50.00
City BEDFORD	State NH	Zip Code 03110-
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item CONTRIBUTION
Name of Employer WOODBROWSER	Occupation CEO	NON CONTRIBUTION ACCOUNT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	
Full Name (Last, First, Middle Initial) <b>B. JEFF DILL</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 16 / 2016 <b>Transaction ID : SA17.348614</b>
Mailing Address 66 PILGRIM DRIVE		Amount of Each Receipt this Period 500.00
City BEDFORD	State NH	Zip Code 03110-
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item CONTRIBUTION
Name of Employer WOODBROWSER	Occupation CEO	NON CONTRIBUTION ACCOUNT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	
Full Name (Last, First, Middle Initial) <b>C. JOYCE DILL</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 22 / 2016 <b>Transaction ID : SA17.348735</b>
Mailing Address 3725 WEST CENTER ST		Amount of Each Receipt this Period 1000.00
City CINCINNATI	State OH	Zip Code 45227-4446
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item CONTRIBUTION
Name of Employer RETIRED	Occupation RETIRED	NON CONTRIBUTION ACCOUNT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
<b>SUBTOTAL</b> of Receipts This Page (optional).....▶		1550.00
<b>TOTAL</b> This Period (last page this line number only).....▶		



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 353 OF 2173  
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**Full Name (Last, First, Middle Initial)  
**A. WILLIAM DILLON**

Mailing Address 736 IRVING PLACE

City	State	Zip Code
SECAUCUS	NJ	07094-

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	23	/	2016

Transaction ID : SA17.347845

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

Mailing Address 110 8TH ST

City	State	Zip Code
ATLANTIC BEACH	FL	32233-5410

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF

Occupation

INVESTMENTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

266.26

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	24	/	2016

Transaction ID : SA17.348332

Amount of Each Receipt this Period

133.13

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)  
**C. GERRI DOLAN**Mailing Address 20 CALABRIA AVE  
APT 604

City	State	Zip Code
CORAL GABLES	FL	33134-

FEC ID number of contributing  
federal political committee.

C

Name of Employer

KPMG

Occupation

CONSULTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	20	/	2016

Transaction ID : SA17.345766

Amount of Each Receipt this Period

50.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶

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

283.13

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

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☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

## **A. GERRI DOLAN**

Mailing Address **20 CALABRIA AVE**  
**APT 604**

City State Zip Code  
**CORAL GABLES FL 33134-**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**KPMG**

Occupation

**CONSULTANT**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**250.00**

Date of Receipt

**06 / 02 / 2016**

**Transaction ID : SA17.346840**

Amount of Each Receipt this Period

**100.00**

☐ Memo Item

**CONTRIBUTION**

**NON CONTRIBUTION ACCOUNT**

Full Name (Last, First, Middle Initial)

## **B. PHILLIP DOLCETTI**

Mailing Address **9 RED MILL LANE**

City State Zip Code  
**DARIEN CT 06820-**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**RETIRED**

Occupation

**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**250.00**

Date of Receipt

**06 / 30 / 2016**

**Transaction ID : SA17.348567**

Amount of Each Receipt this Period

**250.00**

☐ Memo Item

**CONTRIBUTION**

**NON CONTRIBUTION ACCOUNT**

Full Name (Last, First, Middle Initial)

## **C. TOM DOLDER**

Mailing Address **14635 EXCELSIOR BLVD**

City State Zip Code  
**MINNETONKA MN 55345-**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**SELF**

Occupation

**INSURANCE AGENT**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**250.00**

Date of Receipt

**06 / 22 / 2016**

**Transaction ID : SA17.350590**

Amount of Each Receipt this Period

**5.00**

☐ Memo Item

**CONTRIBUTION**

**NON CONTRIBUTION ACCOUNT; EARMARKED  
CONTRIBUTION FOR DONALD J TRUMP FOR  
PRESIDENT, INC. COMMITTEE ID**

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

**355.00**

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
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<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. TOM DOLDER**

Mailing Address 14635 EXCELSIOR BLVD

City	State	Zip Code
MINNETONKA	MN	55345-

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
06	/	22	/	2016

Transaction ID : SA17.354396

Amount of Each Receipt this Period

245.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**B. DAVID DONELSON**

Mailing Address 1 HALTON GREEN WAY

City	State	Zip Code
GREENVILLE	SC	29607-6606

FEC ID number of contributing  
federal political committee.

C

Name of Employer

M.D.

Occupation

SELF

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
06	/	22	/	2016

Transaction ID : SA17.350137

Amount of Each Receipt this Period

5.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT; EARMARKED  
CONTRIBUTION FOR DONALD J TRUMP FOR  
PRESIDENT, INC. COMMITTEE ID

Full Name (Last, First, Middle Initial)

**C. DAVID DONELSON**

Mailing Address 1 HALTON GREEN WAY

City	State	Zip Code
GREENVILLE	SC	29607-6606

FEC ID number of contributing  
federal political committee.

C

Name of Employer

M.D.

Occupation

SELF

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
06	/	22	/	2016

Transaction ID : SA17.354434

Amount of Each Receipt this Period

495.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

745.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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for each category of the  
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(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. JOE DOWD**

Mailing Address 21955 EAST TALLKID AVE.

City	State	Zip Code
PARKER	CO	80138-

FEC ID number of contributing federal political committee.

C

Name of Employer  
 BALLANTINE AND ASSOCIATES LTD.

Occupation  
 CULTURAL ARCHITECT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
06				03			2016					

Transaction ID : SA17.348383

Amount of Each Receipt this Period

250.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**B. JOHN DOWD**

Mailing Address 1529 CROWELL ROAD

City	State	Zip Code
VIENNA	VA	22182-

FEC ID number of contributing federal political committee.

C

Name of Employer  
 SELF

Occupation  
 LAWYRR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
06				22			2016					

Transaction ID : SA17.348729

Amount of Each Receipt this Period

1000.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**C. MICHAEL DOYLE**

Mailing Address 9145 FOREST DOWNS RD.

City	State	Zip Code
GERMANTOWN	TN	38138-8606

FEC ID number of contributing federal political committee.

C

Name of Employer  
 THE PALLET FACTORY INC.

Occupation  
 PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
06				21			2016					

Transaction ID : SA17.347570

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1350.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DIRK DOZIER**

Mailing Address 4406 ISLAND COVE

City	State	Zip Code
AUSTIN	TX	78716-

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF

Occupation

BUSINESS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	22	/	2016

Transaction ID : SA17.348730

Amount of Each Receipt this Period

1000.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**B. REBECCA B. DRAKE**

Mailing Address 155 MCCLENDON DRIVE

City	State	Zip Code
RAYMOND	MS	39154-

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	22	/	2016

Transaction ID : SA17.348581

Amount of Each Receipt this Period

300.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**C. GARY DRENIK**

Mailing Address 1104 ROSEBANK DR.

City	State	Zip Code
COLUMBUS	OH	43235-2170

FEC ID number of contributing  
federal political committee.

C

Name of Employer

PROSPER BUSINESS DEVELOPMENT

Occupation

EXECUTIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	16	/	2016

Transaction ID : SA17.346717

Amount of Each Receipt this Period

75.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1375.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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Detailed Summary Page

FOR LINE NUMBER: PAGE 358 OF 2173

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. GARY DRENIK**

Mailing Address 1104 ROSEBANK DR.

City	State	Zip Code
COLUMBUS	OH	43235-2170

FEC ID number of contributing federal political committee.

C

Name of Employer  
 PROSPER BUSINESS DEVELOPMENT

Occupation  
 EXECUTIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	10	/	2016

Transaction ID : SA17.347127

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**B. KOON DRUM**Mailing Address 1315 S 92ND ST  
HOME

City	State	Zip Code
TACOMA	WA	98444-4321

FEC ID number of contributing federal political committee.

C

Name of Employer  
 RETIRED

Occupation  
 RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

530.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	16	/	2016

Transaction ID : SA17.342119

Amount of Each Receipt this Period

25.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**C. KOON DRUM**Mailing Address 1315 S 92ND ST  
HOME

City	State	Zip Code
TACOMA	WA	98444-4321

FEC ID number of contributing federal political committee.

C

Name of Employer  
 RETIRED

Occupation  
 RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

530.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	03	/	2016

Transaction ID : SA17.346882

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶

225.00

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

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 359 OF 2173

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

## **A. KOON DRUM**

Mailing Address 1315 S 92ND ST  
 HOME

City State Zip Code  
 TACOMA WA 98444-4321

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

530.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 07 2016

Transaction ID : SA17.346953

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

## **B. KOON DRUM**

Mailing Address 1315 S 92ND ST  
 HOME

City State Zip Code  
 TACOMA WA 98444-4321

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

530.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 08 2016

Transaction ID : SA17.346956

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

## **C. KOON DRUM**

Mailing Address 1315 S 92ND ST  
 HOME

City State Zip Code  
 TACOMA WA 98444-4321

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

530.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 11 2016

Transaction ID : SA17.347176

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

300.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 360 OF 2173

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. KOON DRUM**

Mailing Address 1315 S 92ND ST  
 HOME

City	State	Zip Code
TACOMA	WA	98444-4321

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

530.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 12 / 2016

Transaction ID : SA17.354742

Amount of Each Receipt this Period

5.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT; EARMARKED  
CONTRIBUTION FOR DONALD J TRUMP FOR  
PRESIDENT, INC. COMMITTEE ID

Full Name (Last, First, Middle Initial)

**B. STEVE DUENNER**

Mailing Address 3817 EAST 111TH ST

City	State	Zip Code
TULSA	OK	74137-7404

FEC ID number of contributing  
federal political committee.

C

Name of Employer

OKLAHOMA FORGE

Occupation

PRES. OKLAHOMA FORGE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID : SA17.348366

Amount of Each Receipt this Period

250.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**C. KENNETH W. DUNCAN**

Mailing Address 444 HWY. 136

City	State	Zip Code
TRENTON	GA	30752-4803

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 15 / 2016

Transaction ID : SA17.341966

Amount of Each Receipt this Period

25.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

280.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 361 OF 2173

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial) <b>A. KENNETH W. DUNCAN</b>			Date of Receipt <div> <div>M M / D D / Y Y Y Y Y Y</div> <div>06 / 26 / 2016</div> </div>	
Mailing Address <b>444 HWY. 136</b>			<b>Transaction ID : SA17.343916</b>	
City <b>TRENTON</b>	State <b>GA</b>	Zip Code <b>30752-4803</b>	Amount of Each Receipt this Period <div> <div>250.00</div> </div>	
FEC ID number of contributing federal political committee. <div>C</div>		<input type="checkbox"/> Memo Item CONTRIBUTION		
Name of Employer <b>RETIRED</b>		Occupation <b>RETIRED</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <div>275.00</div>		
			NON CONTRIBUTION ACCOUNT	

Full Name (Last, First, Middle Initial) <b>B. A J DURAND</b>			Date of Receipt <div> <div>M M / D D / Y Y Y Y Y Y</div> <div>06 / 29 / 2016</div> </div>	
Mailing Address <b>1 SUMMER SKY CIRCLE</b>			<b>Transaction ID : SA17.348558</b>	
City <b>RANCHO MIRAGE</b>	State <b>CA</b>	Zip Code <b>92270-</b>	Amount of Each Receipt this Period <div> <div>250.00</div> </div>	
FEC ID number of contributing federal political committee. <div>C</div>		<input type="checkbox"/> Memo Item CONTRIBUTION		
Name of Employer <b>RETIRED</b>		Occupation <b>RETIRED</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <div>500.00</div>		
			NON CONTRIBUTION ACCOUNT	

Full Name (Last, First, Middle Initial) <b>C. A J DURAND</b>			Date of Receipt <div> <div>M M / D D / Y Y Y Y Y Y</div> <div>06 / 30 / 2016</div> </div>	
Mailing Address <b>1 SUMMER SKY CIRCLE</b>			<b>Transaction ID : SA17.348570</b>	
City <b>RANCHO MIRAGE</b>	State <b>CA</b>	Zip Code <b>92270-</b>	Amount of Each Receipt this Period <div> <div>250.00</div> </div>	
FEC ID number of contributing federal political committee. <div>C</div>		<input type="checkbox"/> Memo Item CONTRIBUTION		
Name of Employer <b>RETIRED</b>		Occupation <b>RETIRED</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <div>500.00</div>		
			NON CONTRIBUTION ACCOUNT	

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

525.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 362 OF 2173

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DALE DYKEMA**

Mailing Address 330 VISTA MADERA

City	State	Zip Code
NEWPORT BEACH	CA	92660-3501

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	27	/	2016

Transaction ID : SA17.333575

Amount of Each Receipt this Period

10000.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**B. FRED & SUSAN EARNHARDT**

Mailing Address 1043 SILVER HILL RD

City	State	Zip Code
REDWOOD CITY	CA	94061-

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

RETIRED

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	08	/	2016

Transaction ID : SA17.348691

Amount of Each Receipt this Period

1000.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**C. DAVID EDWARDS**

Mailing Address 112 GRADY WHITTON RD

City	State	Zip Code
BREMEN	GA	30110-3561

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

RETIRED

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	23	/	2016

Transaction ID : SA17.348499

Amount of Each Receipt this Period

250.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ▶

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

11250.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 363 OF 2173

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial) <b>A. HARVEY EDWARDS</b>			Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 21 / 2016 <b>Transaction ID : SA17.348474</b>	
Mailing Address 2508 EL VAQUERO DR. City State Zip Code MODESTO CA 95355-7948			Amount of Each Receipt this Period 250.00 <input type="checkbox"/> Memo Item CONTRIBUTION	
FEC ID number of contributing federal political committee. C			NON CONTRIBUTION ACCOUNT	
Name of Employer Occupation MERITAGE HOMES REAL ESTATE BROKER				
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) <b>B. MARC EDWARDS</b>			Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 10 / 2016 <b>Transaction ID : SA17.345282</b>	
Mailing Address 18 PEPPER WAY City State Zip Code SAN RAFAEL CA 94901-1117			Amount of Each Receipt this Period 50.00 <input type="checkbox"/> Memo Item CONTRIBUTION	
FEC ID number of contributing federal political committee. C			NON CONTRIBUTION ACCOUNT	
Name of Employer Occupation WINANS INVESTMENTS INVESTMENT ADVISOR				
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) <b>C. MARC EDWARDS</b>			Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 08 / 2016 <b>Transaction ID : SA17.346995</b>	
Mailing Address 18 PEPPER WAY City State Zip Code SAN RAFAEL CA 94901-1117			Amount of Each Receipt this Period 100.00 <input type="checkbox"/> Memo Item CONTRIBUTION	
FEC ID number of contributing federal political committee. C			NON CONTRIBUTION ACCOUNT	
Name of Employer Occupation WINANS INVESTMENTS INVESTMENT ADVISOR				
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			Aggregate Year-to-Date ▼ 250.00	
<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶			400.00	
<b>TOTAL</b> This Period (last page this line number only)..... ▶				

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 364 OF 2173  
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. NICK EDWARDS**

Mailing Address 3820 RIVER ROAD

City  
WIMBERLEYState  
TXZip Code  
78676-5141FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED MANAGEMENT CONSULTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

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

Transaction ID : SA17.334060

Amount of Each Receipt this Period

250.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**B. NICK EDWARDS**

Mailing Address 3820 RIVER ROAD

City  
WIMBERLEYState  
TXZip Code  
78676-5141FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED MANAGEMENT CONSULTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

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

Transaction ID : SA17.348371

Amount of Each Receipt this Period

250.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**C. CLIFFORD EHRLICH**

Mailing Address 9710 BEMAN WOODS WAY

City  
POTOMACState  
MDZip Code  
20854-FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			2	9			2	0	1	6		

Transaction ID : SA17.348560

Amount of Each Receipt this Period

250.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

750.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 365 OF 2173

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial) <b>A. RODNEY ELLIOTT</b>			Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 25 / 2016 <b>Transaction ID : SA17.348655</b>	
Mailing Address 1315 E. MAIN ST			Amount of Each Receipt this Period 500.00	
City SANTA PAULA	State CA	Zip Code 93060-2925	<input type="checkbox"/> Memo Item CONTRIBUTION	
FEC ID number of contributing federal political committee. C		NON CONTRIBUTION ACCOUNT		
Name of Employer R&R PIPELINE INC	Occupation CONTRACTOR			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00			

Full Name (Last, First, Middle Initial) <b>B. RICHARD ELLIS</b>			Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 22 / 2016 <b>Transaction ID : SA17.348736</b>	
Mailing Address 3406 SANDY FORKS DR.			Amount of Each Receipt this Period 1000.00	
City KINGWOOD	State TX	Zip Code 77339-	<input type="checkbox"/> Memo Item CONTRIBUTION	
FEC ID number of contributing federal political committee. C		NON CONTRIBUTION ACCOUNT		
Name of Employer RETIRED	Occupation RETIRED			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00			

Full Name (Last, First, Middle Initial) <b>C. BILLY ERICKSON</b>			Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 14 / 2016 <b>Transaction ID : SA17.349949</b>	
Mailing Address 1013 LAKESHORE			Amount of Each Receipt this Period 5.00	
City INCLINE VILLAGE	State NV	Zip Code 89451-	<input type="checkbox"/> Memo Item CONTRIBUTION	
FEC ID number of contributing federal political committee. C		NON CONTRIBUTION ACCOUNT; EARMARKED CONTRIBUTION FOR DONALD J TRUMP FOR PRESIDENT, INC. COMMITTEE ID		
Name of Employer RETIRED	Occupation RETIRED			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00			

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

1505.00

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 366 OF 2173

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

<p>Full Name (Last, First, Middle Initial) <b>A. BILLY ERICKSON</b></p> <p>Mailing Address 1013 LAKESHORE</p> <p>City State Zip Code INCLINE VILLAGE NV 89451-</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation RETIRED RETIRED</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼         </p> <p>Aggregate Year-to-Date ▼ 250.00</p>		<p>Date of Receipt            M M / D D / Y Y Y Y Y Y            06 / 14 / 2016  <b>Transaction ID : SA17.354385</b> </p> <p>Amount of Each Receipt this Period 245.00</p> <p><input type="checkbox"/> Memo Item CONTRIBUTION</p> <p>NON CONTRIBUTION ACCOUNT</p>
<p>Full Name (Last, First, Middle Initial) <b>B. GEORGE ERICKSON</b></p> <p>Mailing Address 7065 PINE VIEW DRIVE</p> <p>City State Zip Code FOLSOM CA 95630-1925</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation CPUC OP INVESTIGATOR ROSB CPUC</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼         </p> <p>Aggregate Year-to-Date ▼ 300.00</p>		<p>Date of Receipt            M M / D D / Y Y Y Y Y Y            06 / 23 / 2016  <b>Transaction ID : SA17.346130</b> </p> <p>Amount of Each Receipt this Period 50.00</p> <p><input type="checkbox"/> Memo Item CONTRIBUTION</p> <p>NON CONTRIBUTION ACCOUNT</p>
<p>Full Name (Last, First, Middle Initial) <b>C. GEORGE ERICKSON</b></p> <p>Mailing Address 7065 PINE VIEW DRIVE</p> <p>City State Zip Code FOLSOM CA 95630-1925</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation CPUC OP INVESTIGATOR ROSB CPUC</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼         </p> <p>Aggregate Year-to-Date ▼ 300.00</p>		<p>Date of Receipt            M M / D D / Y Y Y Y Y Y            06 / 28 / 2016  <b>Transaction ID : SA17.346426</b> </p> <p>Amount of Each Receipt this Period 50.00</p> <p><input type="checkbox"/> Memo Item CONTRIBUTION</p> <p>NON CONTRIBUTION ACCOUNT</p>
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>		345.00
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>		

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial) <b>A. GEORGE ERICKSON</b>			Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 10 / 2016
Mailing Address 7065 PINE VIEW DRIVE			Transaction ID : SA17.347101
City FOLSOM	State CA	Zip Code 95630-1925	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item CONTRIBUTION
Name of Employer CPUC	Occupation OP INVESTIGATOR ROSB CPUC		NON CONTRIBUTION ACCOUNT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

Full Name (Last, First, Middle Initial) <b>B. ANNE M ERSKINE</b>			Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 18 / 2016
Mailing Address 1338 SABATINA STREET			Transaction ID : SA17.342615
City PRESCOTT	State AZ	Zip Code 86301-7402	Amount of Each Receipt this Period 25.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item CONTRIBUTION
Name of Employer RETIRED	Occupation RETIRED		NON CONTRIBUTION ACCOUNT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00		

Full Name (Last, First, Middle Initial) <b>C. ANNE M ERSKINE</b>			Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 09 / 2016
Mailing Address 1338 SABATINA STREET			Transaction ID : SA17.347071
City PRESCOTT	State AZ	Zip Code 86301-7402	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item CONTRIBUTION
Name of Employer RETIRED	Occupation RETIRED		NON CONTRIBUTION ACCOUNT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00		

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

225.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

<b>A. ANNE M ERSKINE</b> Full Name (Last, First, Middle Initial) Mailing Address 1338 SABATINA STREET City PRESCOTT State AZ Zip Code 86301-7402 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer RETIRED Occupation RETIRED Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 275.00			Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 30 / 2016 <b>Transaction ID : SA17.351604</b> Amount of Each Receipt this Period 5.00 <input type="checkbox"/> Memo Item CONTRIBUTION NON CONTRIBUTION ACCOUNT; EARMARKED CONTRIBUTION FOR DONALD J TRUMP FOR PRESIDENT, INC. COMMITTEE ID
<b>B. ANNE M ERSKINE</b> Full Name (Last, First, Middle Initial) Mailing Address 1338 SABATINA STREET City PRESCOTT State AZ Zip Code 86301-7402 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer RETIRED Occupation RETIRED Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 275.00			Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 30 / 2016 <b>Transaction ID : SA17.354009</b> Amount of Each Receipt this Period 45.00 <input type="checkbox"/> Memo Item CONTRIBUTION NON CONTRIBUTION ACCOUNT
<b>C. NICHOLAS ESPOSITO</b> Full Name (Last, First, Middle Initial) Mailing Address 54 WEXFORD ON THE GREEN City HILTON HEAD ISLAND State SC Zip Code 29928- FEC ID number of contributing federal political committee. <b>C</b> Name of Employer UNITED AIRLINES Occupation PILOT Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00			Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 07 / 2016 <b>Transaction ID : SA17.348387</b> Amount of Each Receipt this Period 250.00 <input type="checkbox"/> Memo Item CONTRIBUTION NON CONTRIBUTION ACCOUNT
<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶			300.00
<b>TOTAL</b> This Period (last page this line number only)..... ▶			



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial) <b>A. GRACE EVENSTAD</b>			Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 07 / 2016	
Mailing Address 6555 NE HILLTOP LN			<b>Transaction ID : SA17.333563</b>	
City DAYTON	State OR	Zip Code 97114-7227	Amount of Each Receipt this Period 50000.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item CONTRIBUTION		
Name of Employer DOMAINE SERENE VINEYARDS & WINERY IN		Occupation PROPRIETOR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 50000.00		
			NON CONTRIBUTION ACCOUNT	

Full Name (Last, First, Middle Initial) <b>B. KEN EVENSTAD</b>			Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 07 / 2016	
Mailing Address 6555 NE HILLTOP LN			<b>Transaction ID : SA17.333562</b>	
City DAYTON	State OR	Zip Code 97114-7227	Amount of Each Receipt this Period 50000.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item CONTRIBUTION		
Name of Employer UPSHER-SMITH LABORATORIES, INC		Occupation CEO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 50000.00		
			NON CONTRIBUTION ACCOUNT	

Full Name (Last, First, Middle Initial) <b>C. TIMOTHY FALK</b>			Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 22 / 2016	
Mailing Address 45 DESERT INN WAY			<b>Transaction ID : SA17.348492</b>	
City COLORADO SPRINGS	State CO	Zip Code 80921-	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item CONTRIBUTION		
Name of Employer RETIRED		Occupation RETIRED		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00		
			NON CONTRIBUTION ACCOUNT	

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

100250.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

<b>A. LAWRENCE FARGHER</b> Full Name (Last, First, Middle Initial) Mailing Address 830 KIELY BLVD. #200 #200 City SANTA CLARA State CA Zip Code 95051- FEC ID number of contributing federal political committee. <b>C</b> Name of Employer REALCOM ASSOCIATES ( SELF) Occupation REALTOR Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 900.00		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 07 / 2016 <b>Transaction ID : SA17.346942</b> Amount of Each Receipt this Period 100.00 <input type="checkbox"/> Memo Item CONTRIBUTION NON CONTRIBUTION ACCOUNT
<b>B. LAWRENCE FARGHER</b> Full Name (Last, First, Middle Initial) Mailing Address 830 KIELY BLVD. #200 #200 City SANTA CLARA State CA Zip Code 95051- FEC ID number of contributing federal political committee. <b>C</b> Name of Employer REALCOM ASSOCIATES ( SELF) Occupation REALTOR Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 900.00		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 08 / 2016 <b>Transaction ID : SA17.346987</b> Amount of Each Receipt this Period 100.00 <input type="checkbox"/> Memo Item CONTRIBUTION NON CONTRIBUTION ACCOUNT
<b>C. CHARLES FEASELMAN</b> Full Name (Last, First, Middle Initial) Mailing Address 9740 EPHEsus CH RD City VILLA RICA State GA Zip Code 30180-4139 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer RETIRED Occupation RETIRED Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 325.00		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 10 / 2016 <b>Transaction ID : SA17.341471</b> Amount of Each Receipt this Period 25.00 <input type="checkbox"/> Memo Item CONTRIBUTION NON CONTRIBUTION ACCOUNT
<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶		225.00
<b>TOTAL</b> This Period (last page this line number only)..... ▶		

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

<p>Full Name (Last, First, Middle Initial) <b>A. CHARLES FEASELMAN</b></p> <p>Mailing Address 9740 EPHEUSUS CH RD</p> <p>City State Zip Code VILLA RICA GA 30180-4139</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation RETIRED RETIRED</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 325.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 10 / 2016 <b>Transaction ID : SA17.341473</b></p> <p>Amount of Each Receipt this Period 25.00</p> <p><input type="checkbox"/> Memo Item CONTRIBUTION</p> <p>NON CONTRIBUTION ACCOUNT</p>	
<p>Full Name (Last, First, Middle Initial) <b>B. CHARLES FEASELMAN</b></p> <p>Mailing Address 9740 EPHEUSUS CH RD</p> <p>City State Zip Code VILLA RICA GA 30180-4139</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation RETIRED RETIRED</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 325.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 10 / 2016 <b>Transaction ID : SA17.341475</b></p> <p>Amount of Each Receipt this Period 25.00</p> <p><input type="checkbox"/> Memo Item CONTRIBUTION</p> <p>NON CONTRIBUTION ACCOUNT</p>	
<p>Full Name (Last, First, Middle Initial) <b>C. CHARLES FEASELMAN</b></p> <p>Mailing Address 9740 EPHEUSUS CH RD</p> <p>City State Zip Code VILLA RICA GA 30180-4139</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation RETIRED RETIRED</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 325.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 10 / 2016 <b>Transaction ID : SA17.341476</b></p> <p>Amount of Each Receipt this Period 25.00</p> <p><input type="checkbox"/> Memo Item CONTRIBUTION</p> <p>NON CONTRIBUTION ACCOUNT</p>	
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>			<p>75.00</p>	
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>				

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

<b>A. CHARLES FEASELMAN</b> Full Name (Last, First, Middle Initial) Mailing Address 9740 EPHEUSUS CH RD City VILLA RICA State GA Zip Code 30180-4139 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer RETIRED Occupation RETIRED Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 325.00		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 10 / 2016 <b>Transaction ID : SA17.341477</b> Amount of Each Receipt this Period 25.00 <input type="checkbox"/> Memo Item CONTRIBUTION NON CONTRIBUTION ACCOUNT
<b>B. CHARLES FEASELMAN</b> Full Name (Last, First, Middle Initial) Mailing Address 9740 EPHEUSUS CH RD City VILLA RICA State GA Zip Code 30180-4139 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer RETIRED Occupation RETIRED Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 325.00		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 10 / 2016 <b>Transaction ID : SA17.341478</b> Amount of Each Receipt this Period 25.00 <input type="checkbox"/> Memo Item CONTRIBUTION NON CONTRIBUTION ACCOUNT
<b>C. CHARLES FEASELMAN</b> Full Name (Last, First, Middle Initial) Mailing Address 9740 EPHEUSUS CH RD City VILLA RICA State GA Zip Code 30180-4139 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer RETIRED Occupation RETIRED Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 325.00		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 10 / 2016 <b>Transaction ID : SA17.341480</b> Amount of Each Receipt this Period 25.00 <input type="checkbox"/> Memo Item CONTRIBUTION NON CONTRIBUTION ACCOUNT
<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶		75.00
<b>TOTAL</b> This Period (last page this line number only)..... ▶		

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

<b>A. CHARLES FEASELMAN</b> Full Name (Last, First, Middle Initial) Mailing Address 9740 EPHEUSUS CH RD City VILLA RICA State GA Zip Code 30180-4139 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer RETIRED Occupation RETIRED Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 325.00			Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 12 / 2016 <b>Transaction ID : SA17.341746</b> Amount of Each Receipt this Period 25.00 <input type="checkbox"/> Memo Item CONTRIBUTION NON CONTRIBUTION ACCOUNT	
<b>B. CHARLES FEASELMAN</b> Full Name (Last, First, Middle Initial) Mailing Address 9740 EPHEUSUS CH RD City VILLA RICA State GA Zip Code 30180-4139 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer RETIRED Occupation RETIRED Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 325.00			Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 22 / 2016 <b>Transaction ID : SA17.350132</b> Amount of Each Receipt this Period 5.00 <input type="checkbox"/> Memo Item CONTRIBUTION NON CONTRIBUTION ACCOUNT; EARMARKED CONTRIBUTION FOR DONALD J TRUMP FOR PRESIDENT, INC. COMMITTEE ID	
<b>C. CHARLES FEASELMAN</b> Full Name (Last, First, Middle Initial) Mailing Address 9740 EPHEUSUS CH RD City VILLA RICA State GA Zip Code 30180-4139 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer RETIRED Occupation RETIRED Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 325.00			Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 22 / 2016 <b>Transaction ID : SA17.350133</b> Amount of Each Receipt this Period 5.00 <input type="checkbox"/> Memo Item CONTRIBUTION NON CONTRIBUTION ACCOUNT; EARMARKED CONTRIBUTION FOR DONALD J TRUMP FOR PRESIDENT, INC. COMMITTEE ID	
<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶			35.00	
<b>TOTAL</b> This Period (last page this line number only)..... ▶				

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
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<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17
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 NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

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

Mailing Address 9740 EPHEUSUS CH RD

City	State	Zip Code
VILLA RICA	GA	30180-4139

FEC ID number of contributing federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	22	/	2016

Transaction ID : SA17.350134

Amount of Each Receipt this Period

5.00

☐ Memo Item

CONTRIBUTION

 NON CONTRIBUTION ACCOUNT; EARMARKED  
 CONTRIBUTION FOR DONALD J TRUMP FOR  
 PRESIDENT, INC. COMMITTEE ID

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

Mailing Address 9740 EPHEUSUS CH RD

City	State	Zip Code
VILLA RICA	GA	30180-4139

FEC ID number of contributing federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	22	/	2016

Transaction ID : SA17.352795

Amount of Each Receipt this Period

20.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

Mailing Address 9740 EPHEUSUS CH RD

City	State	Zip Code
VILLA RICA	GA	30180-4139

FEC ID number of contributing federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	22	/	2016

Transaction ID : SA17.352796

Amount of Each Receipt this Period

20.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

45.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)  
**A. CHARLES FEASELMAN**  
Mailing Address 9740 EPHEsus CH RD

City State Zip Code  
VILLA RICA GA 30180-4139

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

**06 / 22 / 2016**

**Transaction ID : SA17.352797**

Amount of Each Receipt this Period

20.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

Mailing Address 60 EAST END AVE  
23B

City State Zip Code  
NEW YORK CITY NY 10028-

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

TIGER BUTTON CO INC

Occupation

BUSINESSMAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

**06 / 21 / 2016**

**Transaction ID : SA17.348475**

Amount of Each Receipt this Period

250.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

Mailing Address 116 TIGER LN,

City State Zip Code  
ANDERSON SC 29626-

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

NA

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

**06 / 16 / 2016**

**Transaction ID : SA17.347321**

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

370.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 376 OF 2173

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. LOU FERRARO**

Mailing Address 1111 EAST MAIN STREET

City	State	Zip Code
MURFREESBORO	TN	37130-

FEC ID number of contributing federal political committee.

C

Name of Employer

RETIRED

Occupation

MAJ. GEN. RET. (USAF)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	27	/	2016

Transaction ID : SA17.343958

Amount of Each Receipt this Period

25.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**B. LOU FERRARO**

Mailing Address 1111 EAST MAIN STREET

City	State	Zip Code
MURFREESBORO	TN	37130-

FEC ID number of contributing federal political committee.

C

Name of Employer

RETIRED

Occupation

MAJ. GEN. RET. (USAF)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	27	/	2016

Transaction ID : SA17.346309

Amount of Each Receipt this Period

50.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**C. LOU FERRARO**

Mailing Address 1111 EAST MAIN STREET

City	State	Zip Code
MURFREESBORO	TN	37130-

FEC ID number of contributing federal political committee.

C

Name of Employer

RETIRED

Occupation

MAJ. GEN. RET. (USAF)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	24	/	2016

Transaction ID : SA17.347877

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

175.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 377 OF 2173

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. LOU FERRARO**

Mailing Address 1111 EAST MAIN STREET

City	State	Zip Code
MURFREESBORO	TN	37130-

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

MAJ. GEN. RET. (USAF)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	14	/	2016

Transaction ID : SA17.349921

Amount of Each Receipt this Period

5.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT; EARMARKED  
CONTRIBUTION FOR DONALD J TRUMP FOR  
PRESIDENT, INC. COMMITTEE ID

Full Name (Last, First, Middle Initial)

**B. LOU FERRARO**

Mailing Address 1111 EAST MAIN STREET

City	State	Zip Code
MURFREESBORO	TN	37130-

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

MAJ. GEN. RET. (USAF)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	14	/	2016

Transaction ID : SA17.354152

Amount of Each Receipt this Period

95.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**C. NANCY FICHTER**

Mailing Address 8706 CR 8

City	State	Zip Code
BRIGHTON	CO	80603-8928

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	07	/	2016

Transaction ID : SA17.346951

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ▶

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

200.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial) <b>A. NANCY FICHTER</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 15 / 2016 <b>Transaction ID : SA17.347249</b>
Mailing Address 8706 CR 8		Amount of Each Receipt this Period 100.00
City BRIGHTON	State CO	Zip Code 80603-8928
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item CONTRIBUTION
Name of Employer RETIRED	Occupation RETIRED	NON CONTRIBUTION ACCOUNT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 425.00	

Full Name (Last, First, Middle Initial) <b>B. NANCY FICHTER</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 21 / 2016 <b>Transaction ID : SA17.347670</b>
Mailing Address 8706 CR 8		Amount of Each Receipt this Period 100.00
City BRIGHTON	State CO	Zip Code 80603-8928
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item CONTRIBUTION
Name of Employer RETIRED	Occupation RETIRED	NON CONTRIBUTION ACCOUNT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 425.00	

Full Name (Last, First, Middle Initial) <b>C. PHILIP FIDEL</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 19 / 2016 <b>Transaction ID : SA17.339758</b>
Mailing Address 10906 W. LOMA BLANCA DR.		Amount of Each Receipt this Period 10.00
City SUN CITY	State AZ	Zip Code 85351-1070
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item CONTRIBUTION
Name of Employer RETIRED	Occupation RETIRED	NON CONTRIBUTION ACCOUNT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

210.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

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☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

## **A. PHILIP FIDEL**

Mailing Address 10906 W. LOMA BLANCA DR.

City State Zip Code  
 SUN CITY AZ 85351-1070

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

06 / 01 / 2016

Transaction ID : SA17.340405

Amount of Each Receipt this Period

25.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

## **B. PHILIP FIDEL**

Mailing Address 10906 W. LOMA BLANCA DR.

City State Zip Code  
 SUN CITY AZ 85351-1070

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

06 / 17 / 2016

Transaction ID : SA17.342331

Amount of Each Receipt this Period

25.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

## **C. PHILIP FIDEL**

Mailing Address 10906 W. LOMA BLANCA DR.

City State Zip Code  
 SUN CITY AZ 85351-1070

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

06 / 21 / 2016

Transaction ID : SA17.342860

Amount of Each Receipt this Period

25.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

75.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

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☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

## **A. PHILIP FIDEL**

Mailing Address 10906 W. LOMA BLANCA DR.

City State Zip Code  
SUN CITY AZ 85351-1070

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

06 / 23 / 2016

Transaction ID : SA17.343494

Amount of Each Receipt this Period

25.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

## **B. LYNN FIELDING**

Mailing Address 116 VISTA WAY

City State Zip Code  
KENNEWICK WA 99336-3119

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF

Occupation

ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 28 / 2016

Transaction ID : SA17.348551

Amount of Each Receipt this Period

250.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

## **C. PATRICIA FINCH**

Mailing Address 43 WOLF RIDGE DRIVE

City State Zip Code  
HOLLAND OH 43528-

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

06 / 21 / 2016

Transaction ID : SA17.348469

Amount of Each Receipt this Period

250.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

525.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

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☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

## **A. PATRICIA FINCH**

Mailing Address 43 WOLF RIDGE DRIVE

City State Zip Code  
 HOLLAND OH 43528-

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 03 / 2016

Transaction ID : SA17.348969

Amount of Each Receipt this Period

5.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT; EARMARKED  
CONTRIBUTION FOR DONALD J TRUMP FOR  
PRESIDENT, INC. COMMITTEE ID

Full Name (Last, First, Middle Initial)

## **B. PATRICIA FINCH**

Mailing Address 43 WOLF RIDGE DRIVE

City State Zip Code  
 HOLLAND OH 43528-

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 03 / 2016

Transaction ID : SA17.353564

Amount of Each Receipt this Period

45.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

## **C. JAMES L FINEFROCK**

Mailing Address P.O. BOX 49700

City State Zip Code  
 WEST CARROLLTON OH 45449-

FEC ID number of contributing  
federal political committee.

C

Name of Employer

J AMES L FINEFROCK AND ASSOCIATES

Occupation

LAWYER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2016

Transaction ID : SA17.348754

Amount of Each Receipt this Period

1000.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

1050.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 382 OF 2173

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. SHARON FIOLA**

Mailing Address 4602 GARDEN GROVE

City	State	Zip Code
COLUMBIA	MO	65203-

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
FIOLA CONSULTINGOccupation  
CONSULTANT HEAKTHCARE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	11	/	2016

Transaction ID : SA17.345328

Amount of Each Receipt this Period

50.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**B. SHARON FIOLA**

Mailing Address 4602 GARDEN GROVE

City	State	Zip Code
COLUMBIA	MO	65203-

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
FIOLA CONSULTINGOccupation  
CONSULTANT HEAKTHCARE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	22	/	2016

Transaction ID : SA17.348495

Amount of Each Receipt this Period

250.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**C. MARGARET FISHER**

Mailing Address 125 N CHANCELLOR ST

City	State	Zip Code
NEWTOWN	PA	18940-

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	25	/	2016

Transaction ID : SA17.348519

Amount of Each Receipt this Period

250.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

550.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial) <b>A. DAVID BRUCE FITE</b>			Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 29 / 2016 <b>Transaction ID : SA17.348752</b>	
Mailing Address 9445 MIRA DEL RIO DRIVE			Amount of Each Receipt this Period 1000.00	
City SACRAMENTO	State CA	Zip Code 95827-	<input type="checkbox"/> Memo Item CONTRIBUTION	
FEC ID number of contributing federal political committee. C		NON CONTRIBUTION ACCOUNT		
Name of Employer SELF	Occupation PARTNER IN FITE PROPERTIES			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00			
Full Name (Last, First, Middle Initial) <b>B. JILL FITZGERALD</b>			Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 22 / 2016 <b>Transaction ID : SA17.350902</b>	
Mailing Address 486 MUREX DR.			Amount of Each Receipt this Period 5.00	
City NAPLES	State FL	Zip Code 34102-5142	<input type="checkbox"/> Memo Item CONTRIBUTION	
FEC ID number of contributing federal political committee. C		NON CONTRIBUTION ACCOUNT; EARMARKED CONTRIBUTION FOR DONALD J TRUMP FOR PRESIDENT, INC. COMMITTEE ID		
Name of Employer RETIRED	Occupation RETIRED			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00			
Full Name (Last, First, Middle Initial) <b>C. JILL FITZGERALD</b>			Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 22 / 2016 <b>Transaction ID : SA17.354402</b>	
Mailing Address 486 MUREX DR.			Amount of Each Receipt this Period 245.00	
City NAPLES	State FL	Zip Code 34102-5142	<input type="checkbox"/> Memo Item CONTRIBUTION	
FEC ID number of contributing federal political committee. C		NON CONTRIBUTION ACCOUNT		
Name of Employer RETIRED	Occupation RETIRED			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00			
<b>SUBTOTAL</b> of Receipts This Page (optional).....▶			1250.00	
<b>TOTAL</b> This Period (last page this line number only).....▶				

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<div style="border: 1px solid black; width: 30px; height: 30px;"></div>	11a	<div style="border: 1px solid black; width: 30px; height: 30px;"></div>	11b	<div style="border: 1px solid black; width: 30px; height: 30px;"></div>	11c	<div style="border: 1px solid black; width: 30px; height: 30px;"></div>	12	
<div style="border: 1px solid black; width: 30px; height: 30px;"></div>	13	<div style="border: 1px solid black; width: 30px; height: 30px;"></div>	14	<div style="border: 1px solid black; width: 30px; height: 30px;"></div>	15	<div style="border: 1px solid black; width: 30px; height: 30px;"></div>	16	<div style="border: 1px solid black; padding: 2px;">X</div> 17

NAME OF COMMITTEE (In Full)  
GREAT AMERICA PAC

NON CONTRIBUTION ACCOUNT

NON CONTRIBUTION ACCOUNT

NON CONTRIBUTION ACCOUNT

[illegible]



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input checked="" type="checkbox"/> 17			

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)  
**GREAT AMERICA PAC**

<b>A. ADRIAN FOLEY</b> Full Name (Last, First, Middle Initial) Mailing Address 514 DRAYTON HALL BLVD City DUNCAN State SC Zip Code 29334-8726 FEC ID number of contributing federal political committee. C Name of Employer SELF Occupation DEVELOPER Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 2250.00			Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 23 / 2016 <b>Transaction ID : SA17.346141</b> Amount of Each Receipt this Period 50.00 <input type="checkbox"/> Memo Item CONTRIBUTION NON CONTRIBUTION ACCOUNT
<b>B. ADRIAN FOLEY</b> Full Name (Last, First, Middle Initial) Mailing Address 514 DRAYTON HALL BLVD City DUNCAN State SC Zip Code 29334-8726 FEC ID number of contributing federal political committee. C Name of Employer SELF Occupation DEVELOPER Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 2250.00			Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 08 / 2016 <b>Transaction ID : SA17.348696</b> Amount of Each Receipt this Period 1000.00 <input type="checkbox"/> Memo Item CONTRIBUTION NON CONTRIBUTION ACCOUNT
<b>C. ROGER FOLLOWEL</b> Full Name (Last, First, Middle Initial) Mailing Address 9349 DAY RD City MARION State IL Zip Code 62959- FEC ID number of contributing federal political committee. C Name of Employer IDEAL LAWN AND TRACTOR Occupation SELF EMPLOYED Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00			Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 22 / 2016 <b>Transaction ID : SA17.348498</b> Amount of Each Receipt this Period 250.00 <input type="checkbox"/> Memo Item CONTRIBUTION NON CONTRIBUTION ACCOUNT
<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶			1300.00
<b>TOTAL</b> This Period (last page this line number only)..... ▶			

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 386 OF 2173

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17
------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	--

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**Full Name (Last, First, Middle Initial)  
**A. SANDRA FOSSELMAN**

Mailing Address 7019

City	State	Zip Code
NORTH CHESTERFIELD	VA	23234-

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

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

Transaction ID : SA17.344814

Amount of Each Receipt this Period

35.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

Mailing Address 7019

City	State	Zip Code
NORTH CHESTERFIELD	VA	23234-

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

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

Transaction ID : SA17.344815

Amount of Each Receipt this Period

35.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

Mailing Address 7019

City	State	Zip Code
NORTH CHESTERFIELD	VA	23234-

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	16	/	2016

Transaction ID : SA17.344828

Amount of Each Receipt this Period

35.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

105.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 387 OF 2173

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

<p>Full Name (Last, First, Middle Initial)  <b>A. SANDRA FOSSELMAN</b></p> <p>Mailing Address 7019</p> <p>City State Zip Code          NORTH CHESTERFIELD VA 23234-</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation          RETIRED RETIRED</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼          215.00</p>			<p>Date of Receipt          M M / D D / Y Y Y Y Y Y          06 / 11 / 2016  <b>Transaction ID : SA17.349552</b></p> <p>Amount of Each Receipt this Period          5.00</p> <p><input type="checkbox"/> Memo Item          CONTRIBUTION</p> <p>NON CONTRIBUTION ACCOUNT; EARMARKED          CONTRIBUTION FOR DONALD J TRUMP FOR          PRESIDENT, INC. COMMITTEE ID</p>		
<p>Full Name (Last, First, Middle Initial)  <b>B. SANDRA FOSSELMAN</b></p> <p>Mailing Address 7019</p> <p>City State Zip Code          NORTH CHESTERFIELD VA 23234-</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation          RETIRED RETIRED</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼          215.00</p>			<p>Date of Receipt          M M / D D / Y Y Y Y Y Y          06 / 11 / 2016  <b>Transaction ID : SA17.352045</b></p> <p>Amount of Each Receipt this Period          15.00</p> <p><input type="checkbox"/> Memo Item          CONTRIBUTION</p> <p>NON CONTRIBUTION ACCOUNT</p>		
<p>Full Name (Last, First, Middle Initial)  <b>C. WILLIAM FOSTER</b></p> <p>Mailing Address 389 S. LAKR DR. #4C</p> <p>City State Zip Code          PALM BEACH FL 33480-</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation          RETIRED RETIRED</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼          500.00</p>			<p>Date of Receipt          M M / D D / Y Y Y Y Y Y          06 / 09 / 2016  <b>Transaction ID : SA17.348603</b></p> <p>Amount of Each Receipt this Period          500.00</p> <p><input type="checkbox"/> Memo Item          CONTRIBUTION</p> <p>NON CONTRIBUTION ACCOUNT</p>		
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>			520.00		
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>					

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 388 OF 2173

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial) <b>A. ELEANOR J. FOX</b>			Date of Receipt <div> <div>M M / D D / Y Y Y Y Y Y</div> <div>06 / 17 / 2016</div> </div>	
Mailing Address 13572 PINE VILLA LANE			<b>Transaction ID : SA17.347385</b>	
City FORT MYERS	State FL	Zip Code 33912-	Amount of Each Receipt this Period <div> <div>100.00</div> </div>	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item		
Name of Employer RETIRED		Occupation RETIRED		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <div> <div>600.00</div> </div>		
			CONTRIBUTION	
			NON CONTRIBUTION ACCOUNT	

Full Name (Last, First, Middle Initial) <b>B. ELEANOR J. FOX</b>			Date of Receipt <div> <div>M M / D D / Y Y Y Y Y Y</div> <div>06 / 23 / 2016</div> </div>	
Mailing Address 13572 PINE VILLA LANE			<b>Transaction ID : SA17.351121</b>	
City FORT MYERS	State FL	Zip Code 33912-	Amount of Each Receipt this Period <div> <div>5.00</div> </div>	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item		
Name of Employer RETIRED		Occupation RETIRED		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <div> <div>600.00</div> </div>		
			CONTRIBUTION	
			NON CONTRIBUTION ACCOUNT; EARMARKED CONTRIBUTION FOR DONALD J TRUMP FOR PRESIDENT, INC. COMMITTEE ID	

Full Name (Last, First, Middle Initial) <b>C. ELEANOR J. FOX</b>			Date of Receipt <div> <div>M M / D D / Y Y Y Y Y Y</div> <div>06 / 23 / 2016</div> </div>	
Mailing Address 13572 PINE VILLA LANE			<b>Transaction ID : SA17.354442</b>	
City FORT MYERS	State FL	Zip Code 33912-	Amount of Each Receipt this Period <div> <div>495.00</div> </div>	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item		
Name of Employer RETIRED		Occupation RETIRED		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <div> <div>600.00</div> </div>		
			CONTRIBUTION	
			NON CONTRIBUTION ACCOUNT	

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

600.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

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☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

## **A. SANDRA FOX**

Mailing Address 222 EAST CHESTNUT STREET  
#4C

City State Zip Code  
CHICAGO IL 60611-2360

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 16 / 2016

Transaction ID : SA17.339690

Amount of Each Receipt this Period

10.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

## **B. SANDRA FOX**

Mailing Address 222 EAST CHESTNUT STREET  
#4C

City State Zip Code  
CHICAGO IL 60611-2360

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 21 / 2016

Transaction ID : SA17.339779

Amount of Each Receipt this Period

10.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

## **C. SANDRA FOX**

Mailing Address 222 EAST CHESTNUT STREET  
#4C

City State Zip Code  
CHICAGO IL 60611-2360

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID : SA17.340047

Amount of Each Receipt this Period

15.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

35.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
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 (check only one)

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<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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 NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. SANDRA FOX**
 Mailing Address 222 EAST CHESTNUT STREET  
 #4C

City	State	Zip Code
CHICAGO	IL	60611-2360

 FEC ID number of contributing  
 federal political committee.

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		07		2016

Transaction ID : SA17.340077

Amount of Each Receipt this Period

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**B. SANDRA FOX**
 Mailing Address 222 EAST CHESTNUT STREET  
 #4C

City	State	Zip Code
CHICAGO	IL	60611-2360

 FEC ID number of contributing  
 federal political committee.

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

Transaction ID : SA17.340083

Amount of Each Receipt this Period

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**C. SANDRA FOX**
 Mailing Address 222 EAST CHESTNUT STREET  
 #4C

City	State	Zip Code
CHICAGO	IL	60611-2360

 FEC ID number of contributing  
 federal political committee.

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

Transaction ID : SA17.342214

Amount of Each Receipt this Period

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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

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(check only one)

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☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

## **A. SANDRA FOX**

Mailing Address 222 EAST CHESTNUT STREET  
 #4C

City State Zip Code  
 CHICAGO IL 60611-2360

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 02 / 2016

Transaction ID : SA17.348863

Amount of Each Receipt this Period

5.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT; EARMARKED  
CONTRIBUTION FOR DONALD J TRUMP FOR  
PRESIDENT, INC. COMMITTEE ID

Full Name (Last, First, Middle Initial)

## **B. SANDRA FOX**

Mailing Address 222 EAST CHESTNUT STREET  
 #4C

City State Zip Code  
 CHICAGO IL 60611-2360

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 11 / 2016

Transaction ID : SA17.349512

Amount of Each Receipt this Period

5.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT; EARMARKED  
CONTRIBUTION FOR DONALD J TRUMP FOR  
PRESIDENT, INC. COMMITTEE ID

Full Name (Last, First, Middle Initial)

## **C. SANDRA FOX**

Mailing Address 222 EAST CHESTNUT STREET  
 #4C

City State Zip Code  
 CHICAGO IL 60611-2360

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 11 / 2016

Transaction ID : SA17.351699

Amount of Each Receipt this Period

5.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

15.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. SANDRA FOX**Mailing Address 222 EAST CHESTNUT STREET  
#4CCity State Zip Code  
CHICAGO IL 60611-2360FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 02 / 2016

Transaction ID : SA17.352032

Amount of Each Receipt this Period

15.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**B. DANIEL FRANK**Mailing Address 18 HILLTOP ROAD  
WILSON POINTCity State Zip Code  
NORWALK CT 06854-5002FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF

Occupation

FINANCE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 07 / 2016

Transaction ID : SA17.346954

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**C. DANIEL FRANK**Mailing Address 18 HILLTOP ROAD  
WILSON POINTCity State Zip Code  
NORWALK CT 06854-5002FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF

Occupation

FINANCE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 21 / 2016

Transaction ID : SA17.347504

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

215.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

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☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

## **A. DANIEL FRANK**

Mailing Address 18 HILLTOP ROAD  
 WILSON POINT

City State Zip Code  
 NORWALK CT 06854-5002

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF

Occupation

FINANCE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

06 / 30 / 2016

Transaction ID : SA17.348324

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

## **B. STACY FRANK**

Mailing Address 570 SOUTH 440 EAST CIRCLE

City State Zip Code  
 SAINT GEORGE UT 84770-

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 24 / 2016

Transaction ID : SA17.348515

Amount of Each Receipt this Period

250.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

## **C. MARTHA FRANSSON**

Mailing Address 11 DODGE DRIVE

City State Zip Code  
 W HARTFORD CT 06107-

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

06 / 16 / 2016

Transaction ID : SA17.347310

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

450.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial) <b>A. MARTHA FRANSSON</b>			Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 28 / 2016 <b>Transaction ID : SA17.348150</b>	
Mailing Address 11 DODGE DRIVE			Amount of Each Receipt this Period 100.00	
City W HARTFORD	State CT	Zip Code 06107-	<input type="checkbox"/> Memo Item CONTRIBUTION	
FEC ID number of contributing federal political committee. C		NON CONTRIBUTION ACCOUNT		
Name of Employer RETIRED	Occupation RETIRED			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00			

Full Name (Last, First, Middle Initial) <b>B. MARTHA FRANSSON</b>			Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 05 / 2016 <b>Transaction ID : SA17.348341</b>	
Mailing Address 11 DODGE DRIVE			Amount of Each Receipt this Period 200.00	
City W HARTFORD	State CT	Zip Code 06107-	<input type="checkbox"/> Memo Item CONTRIBUTION	
FEC ID number of contributing federal political committee. C		NON CONTRIBUTION ACCOUNT		
Name of Employer RETIRED	Occupation RETIRED			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00			

Full Name (Last, First, Middle Initial) <b>C. DONALD C. FRANZ</b>			Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 22 / 2016 <b>Transaction ID : SA17.350218</b>	
Mailing Address 256 HEATHER LANE			Amount of Each Receipt this Period 5.00	
City BUCKLEY	State WA	Zip Code 98321-	<input type="checkbox"/> Memo Item CONTRIBUTION	
FEC ID number of contributing federal political committee. C		NON CONTRIBUTION ACCOUNT; EARMARKED CONTRIBUTION FOR DONALD J TRUMP FOR PRESIDENT, INC. COMMITTEE ID		
Name of Employer RETIRED	Occupation RETIRED			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00			

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

305.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial) <b>A. DONALD C. FRANZ</b>			Date of Receipt <div> <div>MM / DD / YYYY</div> <div>06 / 22 / 2016</div> </div>
Mailing Address <b>256 HEATHER LANE</b>			<b>Transaction ID : SA17.354391</b>
City <b>BUCKLEY</b>	State <b>WA</b>	Zip Code <b>98321-</b>	Amount of Each Receipt this Period <div> <div>Amount</div> <div>245.00</div> </div>
FEC ID number of contributing federal political committee. <div> <div>C</div> <div></div> </div>		<input type="checkbox"/> Memo Item <b>CONTRIBUTION</b>	
Name of Employer <b>RETIRED</b>		Occupation <b>RETIRED</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <div> <div>Amount</div> <div>250.00</div> </div>	
			<b>NON CONTRIBUTION ACCOUNT</b>

Full Name (Last, First, Middle Initial) <b>B. JOHN FRENCH</b>			Date of Receipt <div> <div>MM / DD / YYYY</div> <div>06 / 28 / 2016</div> </div>
Mailing Address <b>63 DAVISON LANE EAST</b>			<b>Transaction ID : SA17.348671</b>
City <b>WEST ISLIP</b>	State <b>NY</b>	Zip Code <b>11795-</b>	Amount of Each Receipt this Period <div> <div>Amount</div> <div>500.00</div> </div>
FEC ID number of contributing federal political committee. <div> <div>C</div> <div></div> </div>		<input type="checkbox"/> Memo Item <b>CONTRIBUTION</b>	
Name of Employer <b>RETIRED</b>		Occupation <b>RETIRED</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <div> <div>Amount</div> <div>500.00</div> </div>	
			<b>NON CONTRIBUTION ACCOUNT</b>

Full Name (Last, First, Middle Initial) <b>C. MARTHA FUCHS</b>			Date of Receipt <div> <div>MM / DD / YYYY</div> <div>06 / 25 / 2016</div> </div>
Mailing Address <b>P.O.BOX 946</b>			<b>Transaction ID : SA17.347951</b>
City <b>POINT CLEAR</b>	State <b>AL</b>	Zip Code <b>36564-</b>	Amount of Each Receipt this Period <div> <div>Amount</div> <div>100.00</div> </div>
FEC ID number of contributing federal political committee. <div> <div>C</div> <div></div> </div>		<input type="checkbox"/> Memo Item <b>CONTRIBUTION</b>	
Name of Employer <b>RETIRED</b>		Occupation <b>RETIRED</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <div> <div>Amount</div> <div>350.00</div> </div>	
			<b>NON CONTRIBUTION ACCOUNT</b>

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

845.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

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

Mailing Address 1830 COCONUT PALM CR

City State Zip Code  
 NORTH PORT FL 34288-

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

**06 / 21 / 2016**

**Transaction ID : SA17.333993**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

Mailing Address 13455 S. BRYAN FLATS ROAD

City State Zip Code  
 JACKSON WY 83001-8857

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

GABRIELSON RANCH PARTNERSHIP

Occupation

FARMER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

**06 / 10 / 2016**

**Transaction ID : SA17.347114**

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

Mailing Address P.O. BOX 54-1608

City State Zip Code  
 FLUSHING NY 11354-

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

SELF-EMPLOYED

Occupation

SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

**06 / 30 / 2016**

**Transaction ID : SA17.346682**

Amount of Each Receipt this Period

50.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

1150.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial) <b>A. DR. GUS GALATIANOS</b>			Date of Receipt <div> <div>MM / DD / YYYY</div> <div>06 / 08 / 2016</div> </div>	
Mailing Address P.O. BOX 54-1608			<b>Transaction ID : SA17.346997</b>	
City FLUSHING	State NY	Zip Code 11354-	Amount of Each Receipt this Period <div> <div>Amount</div> <div>100.00</div> </div>	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item CONTRIBUTION		
Name of Employer SELF-RMPLOYED		Occupation SELF-EMPLOYED		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <div> <div>Amount</div> <div>400.00</div> </div>		
			NON CONTRIBUTION ACCOUNT	

Full Name (Last, First, Middle Initial) <b>B. DR. GUS GALATIANOS</b>			Date of Receipt <div> <div>MM / DD / YYYY</div> <div>06 / 22 / 2016</div> </div>	
Mailing Address P.O. BOX 54-1608			<b>Transaction ID : SA17.347721</b>	
City FLUSHING	State NY	Zip Code 11354-	Amount of Each Receipt this Period <div> <div>Amount</div> <div>100.00</div> </div>	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item CONTRIBUTION		
Name of Employer SELF-RMPLOYED		Occupation SELF-EMPLOYED		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <div> <div>Amount</div> <div>400.00</div> </div>		
			NON CONTRIBUTION ACCOUNT	

Full Name (Last, First, Middle Initial) <b>C. STEVE GALICH</b>			Date of Receipt <div> <div>MM / DD / YYYY</div> <div>06 / 17 / 2016</div> </div>	
Mailing Address 2614 SMITH BARRY RD			<b>Transaction ID : SA17.348622</b>	
City PANTEGO	State TX	Zip Code 76013-	Amount of Each Receipt this Period <div> <div>Amount</div> <div>500.00</div> </div>	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item CONTRIBUTION		
Name of Employer RETIRED		Occupation RETIRED		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <div> <div>Amount</div> <div>500.00</div> </div>		
			NON CONTRIBUTION ACCOUNT	

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

700.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
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<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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 NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. ROBIN GALLAGHER**

Mailing Address 825 BETHLEHEM PIKE

City	State	Zip Code
FLOURTOWN	PA	19031-

FEC ID number of contributing federal political committee.

C

Name of Employer

SELF

Occupation

DENTIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	22	/	2016

Transaction ID : SA17.351011

Amount of Each Receipt this Period

5.00

☐ Memo Item

CONTRIBUTION

 NON CONTRIBUTION ACCOUNT; EARMARKED  
 CONTRIBUTION FOR DONALD J TRUMP FOR  
 PRESIDENT, INC. COMMITTEE ID

Full Name (Last, First, Middle Initial)

**B. ROBIN GALLAGHER**

Mailing Address 825 BETHLEHEM PIKE

City	State	Zip Code
FLOURTOWN	PA	19031-

FEC ID number of contributing federal political committee.

C

Name of Employer

SELF

Occupation

DENTIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	22	/	2016

Transaction ID : SA17.354440

Amount of Each Receipt this Period

495.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**C. SANDRA GALLMAN**

Mailing Address P.O. BOX 232

City	State	Zip Code
SAINT PETERSBURG	FL	33731-

FEC ID number of contributing federal political committee.

C

Name of Employer

GREAT STATES MTG CORP

Occupation

RENTALS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	22	/	2016

Transaction ID : SA17.348353

Amount of Each Receipt this Period

200.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶

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

700.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

<b>A. MICHAEL GANDY</b> Full Name (Last, First, Middle Initial) Mailing Address 3631 MCDOWELL ROAD City LIVINGSTON State AL Zip Code 35470- FEC ID number of contributing federal political committee. <b>C</b> Name of Employer CEMEX, INC Occupation MANAGEMENT Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 28 / 2016 <b>Transaction ID : SA17.348664</b> Amount of Each Receipt this Period 500.00 <input type="checkbox"/> Memo Item CONTRIBUTION NON CONTRIBUTION ACCOUNT
<b>B. RICHARD GANGI</b> Full Name (Last, First, Middle Initial) Mailing Address 4750 RT145 City DURHAM State NY Zip Code 12422- FEC ID number of contributing federal political committee. <b>C</b> Name of Employer CIDEGA MFG Occupation TEXTILE OWNER Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 225.00		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 01 / 2016 <b>Transaction ID : SA17.333759</b> Amount of Each Receipt this Period 50.00 <input type="checkbox"/> Memo Item CONTRIBUTION NON CONTRIBUTION ACCOUNT
<b>C. RICHARD GANGI</b> Full Name (Last, First, Middle Initial) Mailing Address 4750 RT145 City DURHAM State NY Zip Code 12422- FEC ID number of contributing federal political committee. <b>C</b> Name of Employer CIDEGA MFG Occupation TEXTILE OWNER Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 225.00		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 16 / 2016 <b>Transaction ID : SA17.342082</b> Amount of Each Receipt this Period 25.00 <input type="checkbox"/> Memo Item CONTRIBUTION NON CONTRIBUTION ACCOUNT
<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶		575.00
<b>TOTAL</b> This Period (last page this line number only)..... ▶		

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial) <b>A. RICHARD GANGI</b>			Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 16 / 2016 <b>Transaction ID : SA17.345476</b>	
Mailing Address 4750 RT145			Amount of Each Receipt this Period 50.00	
City DURHAM	State NY	Zip Code 12422-	<input type="checkbox"/> Memo Item CONTRIBUTION	
FEC ID number of contributing federal political committee. C		NON CONTRIBUTION ACCOUNT		
Name of Employer CIDEGA MFG	Occupation TEXTILE OWNER			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00			

Full Name (Last, First, Middle Initial) <b>B. MANNY GARCIA</b>			Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 30 / 2016 <b>Transaction ID : SA17.348297</b>	
Mailing Address 941 TUSKAWILLA TRAIL			Amount of Each Receipt this Period 100.00	
City WINTER SPRINGS	State FL	Zip Code 32708-4023	<input type="checkbox"/> Memo Item CONTRIBUTION	
FEC ID number of contributing federal political committee. C		NON CONTRIBUTION ACCOUNT		
Name of Employer RETIRED	Occupation RETIRED			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00			

Full Name (Last, First, Middle Initial) <b>C. MICHAEL GARNER</b>			Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 23 / 2016 <b>Transaction ID : SA17.348506</b>	
Mailing Address 623 PARK HILL ROAD			Amount of Each Receipt this Period 250.00	
City DANVILLE	State CA	Zip Code 94526-	<input type="checkbox"/> Memo Item CONTRIBUTION	
FEC ID number of contributing federal political committee. C		NON CONTRIBUTION ACCOUNT		
Name of Employer RETIRED	Occupation RETIRED			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00			

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

400.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

## **A. KENTON GAST**

Mailing Address 5759 CHARTEROAK DRIVE

City State Zip Code  
 CINCINNATI OH 45236-2013

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1150.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 14 / 2016

Transaction ID : SA17.348610

Amount of Each Receipt this Period

500.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

## **B. KENTON GAST**

Mailing Address 5759 CHARTEROAK DRIVE

City State Zip Code  
 CINCINNATI OH 45236-2013

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1150.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 03 / 2016

Transaction ID : SA17.349219

Amount of Each Receipt this Period

5.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT; EARMARKED  
CONTRIBUTION FOR DONALD J TRUMP FOR  
PRESIDENT, INC. COMMITTEE ID

Full Name (Last, First, Middle Initial)

## **C. KENTON GAST**

Mailing Address 5759 CHARTEROAK DRIVE

City State Zip Code  
 CINCINNATI OH 45236-2013

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1150.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 22 / 2016

Transaction ID : SA17.351035

Amount of Each Receipt this Period

5.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT; EARMARKED  
CONTRIBUTION FOR DONALD J TRUMP FOR  
PRESIDENT, INC. COMMITTEE ID

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

510.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

## **A. KENTON GAST**

Mailing Address 5759 CHARTEROAK DRIVE

City State Zip Code  
 CINCINNATI OH 45236-2013

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1150.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 29 / 2016

Transaction ID : SA17.351589

Amount of Each Receipt this Period

5.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT; EARMARKED  
CONTRIBUTION FOR DONALD J TRUMP FOR  
PRESIDENT, INC. COMMITTEE ID

Full Name (Last, First, Middle Initial)

## **B. KENTON GAST**

Mailing Address 5759 CHARTEROAK DRIVE

City State Zip Code  
 CINCINNATI OH 45236-2013

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1150.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 03 / 2016

Transaction ID : SA17.354072

Amount of Each Receipt this Period

95.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

## **C. KENTON GAST**

Mailing Address 5759 CHARTEROAK DRIVE

City State Zip Code  
 CINCINNATI OH 45236-2013

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1150.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 22 / 2016

Transaction ID : SA17.354293

Amount of Each Receipt this Period

95.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

195.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 403 OF 2173

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17
------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	--

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)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. KENTON GAST**

Mailing Address 5759 CHARTEROAK DRIVE

City	State	Zip Code
CINCINNATI	OH	45236-2013

FEC ID number of contributing federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1150.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			2	9			2	0	1	6		

Transaction ID : SA17.354360

Amount of Each Receipt this Period

95.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**B. DAVID GEDNEY**

Mailing Address 104 THORNBLADE BLVD

City	State	Zip Code
GREER	SC	29650-4426

FEC ID number of contributing federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

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

Transaction ID : SA17.346456

Amount of Each Receipt this Period

50.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**C. BRENDA GEIST**

Mailing Address 22 GLEN DEVON DRIVE

City	State	Zip Code
SOUTHERN PINES	NC	28387-2153

FEC ID number of contributing federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

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

Transaction ID : SA17.340971

Amount of Each Receipt this Period

25.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

170.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 404 OF 2173

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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 NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. PAUL GEORGE**

Mailing Address P.O. BOX 1902

 City  
 JACKSON

 State Zip Code  
 WY 83001-

 FEC ID number of contributing  
 federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	21	/	2016

Transaction ID : SA17.348480

Amount of Each Receipt this Period

250.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**B. JEANNE D. GHAREEB**
 Mailing Address 21001 PLUMMER ST.  
 UNIT #99

 City  
 CHATSWORTH

 State Zip Code  
 CA 91311-

 FEC ID number of contributing  
 federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	22	/	2016

Transaction ID : SA17.350799

Amount of Each Receipt this Period

5.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT; EARMARKED CONTRIBUTION FOR DONALD J TRUMP FOR PRESIDENT, INC. COMMITTEE ID

Full Name (Last, First, Middle Initial)

**C. JEANNE D. GHAREEB**
 Mailing Address 21001 PLUMMER ST.  
 UNIT #99

 City  
 CHATSWORTH

 State Zip Code  
 CA 91311-

 FEC ID number of contributing  
 federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	22	/	2016

Transaction ID : SA17.354374

Amount of Each Receipt this Period

245.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶

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

500.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 405 OF 2173

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17
------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	--

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. ELGIE GIBSON**

Mailing Address P.O. BOX 1663

City  
WOODINVILLEState  
WAZip Code  
98072-FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF

Occupation

PACIFIC BREEZE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6			2	9		2	0	1	6		

Transaction ID : SA17.348557

Amount of Each Receipt this Period

250.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**B. CHARLES GILMORE**

Mailing Address 24939 STATE ST

City  
MEADVILLEState  
PAZip Code  
16335-8843FEC ID number of contributing  
federal political committee.

C

Name of Employer

THE WELLSVILLE FOUNDRY, INC.

Occupation

PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

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

Transaction ID : SA17.348483

Amount of Each Receipt this Period

250.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**C. JOSEPH GLAS**

Mailing Address 40 BRAYS ISLAND DRIVE

City  
SHELDONState  
SCZip Code  
29941-FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

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

Transaction ID : SA17.347028

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

600.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 406 OF 2173

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. JOSEPH GLAS**

Mailing Address 40 BRAYS ISLAND DRIVE

City State Zip Code  
SHELDON SC 29941-

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 11 / 2016

Transaction ID : SA17.349412

Amount of Each Receipt this Period

5.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT; EARMARKED  
CONTRIBUTION FOR DONALD J TRUMP FOR  
PRESIDENT, INC. COMMITTEE ID

Full Name (Last, First, Middle Initial)

**B. JOSEPH GLAS**

Mailing Address 40 BRAYS ISLAND DRIVE

City State Zip Code  
SHELDON SC 29941-

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 14 / 2016

Transaction ID : SA17.349965

Amount of Each Receipt this Period

5.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT; EARMARKED  
CONTRIBUTION FOR DONALD J TRUMP FOR  
PRESIDENT, INC. COMMITTEE ID

Full Name (Last, First, Middle Initial)

**C. JOSEPH GLAS**

Mailing Address 40 BRAYS ISLAND DRIVE

City State Zip Code  
SHELDON SC 29941-

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 24 / 2016

Transaction ID : SA17.351364

Amount of Each Receipt this Period

5.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT; EARMARKED  
CONTRIBUTION FOR DONALD J TRUMP FOR  
PRESIDENT, INC. COMMITTEE ID

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

15.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 407 OF 2173  
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial) <b>A. JOSEPH GLAS</b>			Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 11 / 2016	
Mailing Address 40 BRAYS ISLAND DRIVE			<b>Transaction ID : SA17.354097</b>	
City SHELDON	State SC	Zip Code 29941-	Amount of Each Receipt this Period 95.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item CONTRIBUTION		
Name of Employer RETIRED		Occupation RETIRED	NON CONTRIBUTION ACCOUNT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 400.00		

Full Name (Last, First, Middle Initial) <b>B. JOSEPH GLAS</b>			Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 14 / 2016	
Mailing Address 40 BRAYS ISLAND DRIVE			<b>Transaction ID : SA17.354161</b>	
City SHELDON	State SC	Zip Code 29941-	Amount of Each Receipt this Period 95.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item CONTRIBUTION		
Name of Employer RETIRED		Occupation RETIRED	NON CONTRIBUTION ACCOUNT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 400.00		

Full Name (Last, First, Middle Initial) <b>C. JOSEPH GLAS</b>			Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 24 / 2016	
Mailing Address 40 BRAYS ISLAND DRIVE			<b>Transaction ID : SA17.354325</b>	
City SHELDON	State SC	Zip Code 29941-	Amount of Each Receipt this Period 95.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item CONTRIBUTION		
Name of Employer RETIRED		Occupation RETIRED	NON CONTRIBUTION ACCOUNT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 400.00		

**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

285.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input checked="" type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

<b>A. ANN GLENDINNING</b> Full Name (Last, First, Middle Initial) Mailing Address 318 S. BEACH RD. 318 S. BEACH RD. City HOBE SOUND State FL Zip Code 33455-2605 FEC ID number of contributing federal political committee. <input type="text" value="C"/> Name of Employer RETIRED Occupation HOUSEWIFE 81 YEAR OLD Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00		Date of Receipt <input type="text" value="06"/> / <input type="text" value="13"/> / <input type="text" value="2016"/> <b>Transaction ID : SA17.347206</b> Amount of Each Receipt this Period <input type="text" value="100.00"/> <input type="checkbox"/> Memo Item CONTRIBUTION NON CONTRIBUTION ACCOUNT
<b>B. ANN GLENDINNING</b> Full Name (Last, First, Middle Initial) Mailing Address 318 S. BEACH RD. 318 S. BEACH RD. City HOBE SOUND State FL Zip Code 33455-2605 FEC ID number of contributing federal political committee. <input type="text" value="C"/> Name of Employer RETIRED Occupation HOUSEWIFE 81 YEAR OLD Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00		Date of Receipt <input type="text" value="06"/> / <input type="text" value="28"/> / <input type="text" value="2016"/> <b>Transaction ID : SA17.348075</b> Amount of Each Receipt this Period <input type="text" value="100.00"/> <input type="checkbox"/> Memo Item CONTRIBUTION NON CONTRIBUTION ACCOUNT
<b>C. JOSEPHINE GONZALEZ</b> Full Name (Last, First, Middle Initial) Mailing Address 18210 APACHE SPRINGS DR. City SAN ANTONIO State TX Zip Code 78259- FEC ID number of contributing federal political committee. <input type="text" value="C"/> Name of Employer RETIRED Occupation RETIRED Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00		Date of Receipt <input type="text" value="06"/> / <input type="text" value="28"/> / <input type="text" value="2016"/> <b>Transaction ID : SA17.346477</b> Amount of Each Receipt this Period <input type="text" value="50.00"/> <input type="checkbox"/> Memo Item CONTRIBUTION NON CONTRIBUTION ACCOUNT
<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶		<input type="text" value="250.00"/>
<b>TOTAL</b> This Period (last page this line number only)..... ▶		<input type="text"/>



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 409 OF 2173

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. JOSEPHINE GONZALEZ**

Mailing Address 18210 APACHE SPRINGS DR.

City	State	Zip Code
SAN ANTONIO	TX	78259-

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	08	/	2016

Transaction ID : SA17.347012

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**B. JOSEPHINE GONZALEZ**

Mailing Address 18210 APACHE SPRINGS DR.

City	State	Zip Code
SAN ANTONIO	TX	78259-

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	23	/	2016

Transaction ID : SA17.347864

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**C. MARIKO GOODEN**Mailing Address 2112 CENTURY PARK LANE  
105

City	State	Zip Code
LOS ANGELES	CA	90067-3308

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	28	/	2016

Transaction ID : SA17.344169

Amount of Each Receipt this Period

25.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

225.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

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☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial) <b>A. MARIKO GOODEN</b>			Date of Receipt M M / D D / Y Y Y Y Y 06 / 07 / 2016 <b>Transaction ID : SA17.346932</b>	
Mailing Address 2112 CENTURY PARK LANE 105			Amount of Each Receipt this Period 100.00	
City LOS ANGELES	State CA	Zip Code 90067-3308	<input type="checkbox"/> Memo Item CONTRIBUTION	
FEC ID number of contributing federal political committee. C		NON CONTRIBUTION ACCOUNT		
Name of Employer RETIRED	Occupation RETIRED			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00			

Full Name (Last, First, Middle Initial) <b>B. WILLIAM GRAFTON</b>			Date of Receipt M M / D D / Y Y Y Y Y 06 / 30 / 2016 <b>Transaction ID : SA17.348325</b>	
Mailing Address 3320 SOUTH JUSTIN ST.			Amount of Each Receipt this Period 100.00	
City FLAGSTAFF	State AZ	Zip Code 86005-8550	<input type="checkbox"/> Memo Item CONTRIBUTION	
FEC ID number of contributing federal political committee. C		NON CONTRIBUTION ACCOUNT		
Name of Employer RETIRED	Occupation RETIRED			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00			

Full Name (Last, First, Middle Initial) <b>C. BILL GRANTZ</b>			Date of Receipt M M / D D / Y Y Y Y Y 06 / 18 / 2016 <b>Transaction ID : SA17.348453</b>	
Mailing Address 1234 EVANS R 433			Amount of Each Receipt this Period 250.00	
City SAN ANTONIO	State TX	Zip Code 78258-	<input type="checkbox"/> Memo Item CONTRIBUTION	
FEC ID number of contributing federal political committee. C		NON CONTRIBUTION ACCOUNT		
Name of Employer USPS	Occupation CITY LETTER CARRIER			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00			

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

450.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

PAGE 411 OF 2173

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial) <b>A. THOMAS GRAUL</b>			Date of Receipt <div> <div>MM / DD / YYYY</div> <div>06 / 13 / 2016</div> </div>	
Mailing Address 220 MT. CARMEL RD.			<b>Transaction ID : SA17.348703</b>	
City PARKTON	State MD	Zip Code 21120-	Amount of Each Receipt this Period <div> <div>Amount</div> <div>1000.00</div> </div>	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item		
Name of Employer GRAUL'S SUPERMARKET		Occupation SELF EMPLOYED		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <div> <div>Amount</div> <div>1000.00</div> </div>		
			CONTRIBUTION	
			NON CONTRIBUTION ACCOUNT	

Full Name (Last, First, Middle Initial) <b>B. WILLIAM GREAVES</b>			Date of Receipt <div> <div>MM / DD / YYYY</div> <div>06 / 28 / 2016</div> </div>	
Mailing Address 8851N BAYSIDE DR.			<b>Transaction ID : SA17.348667</b>	
City MILWAUKEE	State WI	Zip Code 53217-1910	Amount of Each Receipt this Period <div> <div>Amount</div> <div>500.00</div> </div>	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item		
Name of Employer ABPM		Occupation PHYSICIAN		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <div> <div>Amount</div> <div>2550.00</div> </div>		
			CONTRIBUTION	
			NON CONTRIBUTION ACCOUNT	

Full Name (Last, First, Middle Initial) <b>C. WILLIAM GREAVES</b>			Date of Receipt <div> <div>MM / DD / YYYY</div> <div>06 / 05 / 2016</div> </div>	
Mailing Address 8851N BAYSIDE DR.			<b>Transaction ID : SA17.349335</b>	
City MILWAUKEE	State WI	Zip Code 53217-1910	Amount of Each Receipt this Period <div> <div>Amount</div> <div>5.00</div> </div>	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item		
Name of Employer ABPM		Occupation PHYSICIAN		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <div> <div>Amount</div> <div>2550.00</div> </div>		
			CONTRIBUTION	
			NON CONTRIBUTION ACCOUNT; EARMARKED CONTRIBUTION FOR DONALD J TRUMP FOR PRESIDENT, INC. COMMITTEE ID	

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

1505.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

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☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial) <b>A. WILLIAM GREAVES</b>			Date of Receipt <div> <div>MM / DD / YYYY</div> <div>06 / 05 / 2016</div> </div> <b>Transaction ID : SA17.349336</b>	
Mailing Address 8851N BAYSIDE DR.			Amount of Each Receipt this Period <div> <div>5.00</div> </div> <input type="checkbox"/> Memo Item <b>CONTRIBUTION</b>	
City MILWAUKEE	State WI	Zip Code 53217-1910	NON CONTRIBUTION ACCOUNT; EARMARKED CONTRIBUTION FOR DONALD J TRUMP FOR PRESIDENT, INC. COMMITTEE ID	
FEC ID number of contributing federal political committee. <div> <div>C</div> </div>				
Name of Employer ABPM		Occupation PHYSICIAN		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <div> <div>2550.00</div> </div>		

  

Full Name (Last, First, Middle Initial) <b>B. WILLIAM GREAVES</b>			Date of Receipt <div> <div>MM / DD / YYYY</div> <div>06 / 05 / 2016</div> </div> <b>Transaction ID : SA17.349337</b>	
Mailing Address 8851N BAYSIDE DR.			Amount of Each Receipt this Period <div> <div>5.00</div> </div> <input type="checkbox"/> Memo Item <b>CONTRIBUTION</b>	
City MILWAUKEE	State WI	Zip Code 53217-1910	NON CONTRIBUTION ACCOUNT; EARMARKED CONTRIBUTION FOR DONALD J TRUMP FOR PRESIDENT, INC. COMMITTEE ID	
FEC ID number of contributing federal political committee. <div> <div>C</div> </div>				
Name of Employer ABPM		Occupation PHYSICIAN		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <div> <div>2550.00</div> </div>		

  

Full Name (Last, First, Middle Initial) <b>C. WILLIAM GREAVES</b>			Date of Receipt <div> <div>MM / DD / YYYY</div> <div>06 / 13 / 2016</div> </div> <b>Transaction ID : SA17.349748</b>	
Mailing Address 8851N BAYSIDE DR.			Amount of Each Receipt this Period <div> <div>5.00</div> </div> <input type="checkbox"/> Memo Item <b>CONTRIBUTION</b>	
City MILWAUKEE	State WI	Zip Code 53217-1910	NON CONTRIBUTION ACCOUNT; EARMARKED CONTRIBUTION FOR DONALD J TRUMP FOR PRESIDENT, INC. COMMITTEE ID	
FEC ID number of contributing federal political committee. <div> <div>C</div> </div>				
Name of Employer ABPM		Occupation PHYSICIAN		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <div> <div>2550.00</div> </div>		

  

<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶			<div> <div>15.00</div> </div>	
<b>TOTAL</b> This Period (last page this line number only)..... ▶			<div> <div></div> </div>	

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 413 OF 2173

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial) <b>A. WILLIAM GREAVES</b>			Date of Receipt <div> <div>M M / D D / Y Y Y Y Y Y</div> <div>06 / 13 / 2016</div> </div>	
Mailing Address 8851N BAYSIDE DR.			<b>Transaction ID : SA17.353697</b>	
City MILWAUKEE	State WI	Zip Code 53217-1910	Amount of Each Receipt this Period <div> <div>45.00</div> </div>	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item <b>CONTRIBUTION</b>		
Name of Employer ABPM		Occupation PHYSICIAN	NON CONTRIBUTION ACCOUNT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <div> <div>2550.00</div> </div>		

Full Name (Last, First, Middle Initial) <b>B. WILLIAM GREAVES</b>			Date of Receipt <div> <div>M M / D D / Y Y Y Y Y Y</div> <div>06 / 05 / 2016</div> </div>	
Mailing Address 8851N BAYSIDE DR.			<b>Transaction ID : SA17.354426</b>	
City MILWAUKEE	State WI	Zip Code 53217-1910	Amount of Each Receipt this Period <div> <div>495.00</div> </div>	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item <b>CONTRIBUTION</b>		
Name of Employer ABPM		Occupation PHYSICIAN	NON CONTRIBUTION ACCOUNT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <div> <div>2550.00</div> </div>		

Full Name (Last, First, Middle Initial) <b>C. WILLIAM GREAVES</b>			Date of Receipt <div> <div>M M / D D / Y Y Y Y Y Y</div> <div>06 / 05 / 2016</div> </div>	
Mailing Address 8851N BAYSIDE DR.			<b>Transaction ID : SA17.354427</b>	
City MILWAUKEE	State WI	Zip Code 53217-1910	Amount of Each Receipt this Period <div> <div>495.00</div> </div>	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item <b>CONTRIBUTION</b>		
Name of Employer ABPM		Occupation PHYSICIAN	NON CONTRIBUTION ACCOUNT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <div> <div>2550.00</div> </div>		

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

1035.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

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☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial) <b>A. WILLIAM GREAVES</b>			Date of Receipt <div> <div>M M / D D / Y Y Y Y Y Y</div> <div>06 / 05 / 2016</div> </div>	
Mailing Address <b>8851N BAYSIDE DR.</b>			<b>Transaction ID : SA17.354428</b>	
City <b>MILWAUKEE</b>	State <b>WI</b>	Zip Code <b>53217-1910</b>	Amount of Each Receipt this Period <div> <div>999.99</div> <div>495.00</div> </div>	
FEC ID number of contributing federal political committee. <div> <div>C</div> <div>9999999999</div> </div>		<input type="checkbox"/> Memo Item <b>CONTRIBUTION</b>		
Name of Employer <b>ABPM</b>		Occupation <b>PHYSICIAN</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <div> <div>9999.99</div> <div>2550.00</div> </div>		
			<b>NON CONTRIBUTION ACCOUNT</b>	

Full Name (Last, First, Middle Initial) <b>B. BILL GREENE</b>			Date of Receipt <div> <div>M M / D D / Y Y Y Y Y Y</div> <div>06 / 28 / 2016</div> </div>	
Mailing Address <b>790 BELFAST TER</b>			<b>Transaction ID : SA17.344167</b>	
City <b>SEBASTIAN</b>	State <b>FL</b>	Zip Code <b>32958-6104</b>	Amount of Each Receipt this Period <div> <div>999.99</div> <div>25.00</div> </div>	
FEC ID number of contributing federal political committee. <div> <div>C</div> <div>9999999999</div> </div>		<input type="checkbox"/> Memo Item <b>CONTRIBUTION</b>		
Name of Employer <b>RETIRED</b>		Occupation <b>RETIRED</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <div> <div>9999.99</div> <div>205.00</div> </div>		
			<b>NON CONTRIBUTION ACCOUNT</b>	

Full Name (Last, First, Middle Initial) <b>C. BILL GREENE</b>			Date of Receipt <div> <div>M M / D D / Y Y Y Y Y Y</div> <div>06 / 03 / 2016</div> </div>	
Mailing Address <b>790 BELFAST TER</b>			<b>Transaction ID : SA17.348956</b>	
City <b>SEBASTIAN</b>	State <b>FL</b>	Zip Code <b>32958-6104</b>	Amount of Each Receipt this Period <div> <div>999.99</div> <div>5.00</div> </div>	
FEC ID number of contributing federal political committee. <div> <div>C</div> <div>9999999999</div> </div>		<input type="checkbox"/> Memo Item <b>CONTRIBUTION</b>		
Name of Employer <b>RETIRED</b>		Occupation <b>RETIRED</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <div> <div>9999.99</div> <div>205.00</div> </div>		
			<b>NON CONTRIBUTION ACCOUNT; EARMARKED CONTRIBUTION FOR DONALD J TRUMP FOR PRESIDENT, INC. COMMITTEE ID</b>	

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

525.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

## **A. BILL GREENE**

Mailing Address 790 BELFAST TER

City  
**SEBASTIAN**

State Zip Code  
**FL 32958-6104**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**RETIRED**

Occupation

**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**205.00**

Date of Receipt

**06 / 03 / 2016**

**Transaction ID : SA17.352194**

Amount of Each Receipt this Period

**20.00**

☐ Memo Item

**CONTRIBUTION**

**NON CONTRIBUTION ACCOUNT**

Full Name (Last, First, Middle Initial)

## **B. BILL GREENE**

Mailing Address 790 BELFAST TER

City  
**SEBASTIAN**

State Zip Code  
**FL 32958-6104**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**RETIRED**

Occupation

**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**205.00**

Date of Receipt

**06 / 22 / 2016**

**Transaction ID : SA17.354951**

Amount of Each Receipt this Period

**5.00**

☐ Memo Item

**CONTRIBUTION**

**NON CONTRIBUTION ACCOUNT; EARMARKED  
CONTRIBUTION FOR DONALD J TRUMP FOR  
PRESIDENT, INC. COMMITTEE ID**

Full Name (Last, First, Middle Initial)

## **C. JOYCE M GREEN**

Mailing Address 705 BLUME DRIVE

City  
**GALVESTON**

State Zip Code  
**TX 77554-9115**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**RETIRED**

Occupation

**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**325.00**

Date of Receipt

**06 / 07 / 2016**

**Transaction ID : SA17.346931**

Amount of Each Receipt this Period

**100.00**

☐ Memo Item

**CONTRIBUTION**

**NON CONTRIBUTION ACCOUNT**

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

**125.00**

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

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

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(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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 NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial) <b>A. WALTER T GRETH</b>			Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 20 / 2016 <b>Transaction ID : SA17.348461</b>	
Mailing Address 77 GELSINGER RD			Amount of Each Receipt this Period 250.00	
City READING	State PA	Zip Code 19608-1806	<input type="checkbox"/> Memo Item CONTRIBUTION	
FEC ID number of contributing federal political committee. C			NON CONTRIBUTION ACCOUNT	
Name of Employer GRETH HOMES		Occupation HOME BUILDER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00		
Full Name (Last, First, Middle Initial) <b>B. WALTER T GRETH</b>			Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 17 / 2016 <b>Transaction ID : SA17.350028</b>	
Mailing Address 77 GELSINGER RD			Amount of Each Receipt this Period 5.00	
City READING	State PA	Zip Code 19608-1806	<input type="checkbox"/> Memo Item CONTRIBUTION	
FEC ID number of contributing federal political committee. C			NON CONTRIBUTION ACCOUNT; EARMARKED CONTRIBUTION FOR DONALD J TRUMP FOR PRESIDENT, INC. COMMITTEE ID	
Name of Employer GRETH HOMES		Occupation HOME BUILDER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00		
Full Name (Last, First, Middle Initial) <b>C. WALTER T GRETH</b>			Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 17 / 2016 <b>Transaction ID : SA17.354386</b>	
Mailing Address 77 GELSINGER RD			Amount of Each Receipt this Period 245.00	
City READING	State PA	Zip Code 19608-1806	<input type="checkbox"/> Memo Item CONTRIBUTION	
FEC ID number of contributing federal political committee. C			NON CONTRIBUTION ACCOUNT	
Name of Employer GRETH HOMES		Occupation HOME BUILDER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00		
<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶			500.00	
<b>TOTAL</b> This Period (last page this line number only)..... ▶				



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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

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(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial) <b>A. MELINDA GRIFFITH</b>			Date of Receipt <div> <div>M M / D D / Y Y Y Y Y Y</div> <div>06 / 28 / 2016</div> </div>	
Mailing Address 1265 TALL PINES DR.			<b>Transaction ID : SA17.348538</b>	
City OSTEEN	State FL	Zip Code 32764-	Amount of Each Receipt this Period <div> <div>250.00</div> </div>	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item		
Name of Employer WAL-ROSE, INC		Occupation CONSTRUCTION		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <div> <div>250.00</div> </div>		
			CONTRIBUTION	
			NON CONTRIBUTION ACCOUNT	

Full Name (Last, First, Middle Initial) <b>B. PETER GRIFFIN</b>			Date of Receipt <div> <div>M M / D D / Y Y Y Y Y Y</div> <div>06 / 14 / 2016</div> </div>	
Mailing Address 8 WINDABOUT DR.			<b>Transaction ID : SA17.347222</b>	
City GREENWICH	State CT	Zip Code 06831-3702	Amount of Each Receipt this Period <div> <div>100.00</div> </div>	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item		
Name of Employer LEXUS OF GREENWICH		Occupation BUSINESS OWNER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <div> <div>500.00</div> </div>		
			CONTRIBUTION	
			NON CONTRIBUTION ACCOUNT	

Full Name (Last, First, Middle Initial) <b>C. JOSEPH A GRILLO SR.</b>			Date of Receipt <div> <div>M M / D D / Y Y Y Y Y Y</div> <div>06 / 22 / 2016</div> </div>	
Mailing Address 12184 LAVITA WAY			<b>Transaction ID : SA17.350513</b>	
City BOYNTON BEACH	State FL	Zip Code 33437-	Amount of Each Receipt this Period <div> <div>5.00</div> </div>	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item		
Name of Employer CBIZ WEEKES & CALLAWAY		Occupation INSURANCE SALES		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <div> <div>250.00</div> </div>		
			CONTRIBUTION	
			NON CONTRIBUTION ACCOUNT; EARMARKED CONTRIBUTION FOR DONALD J TRUMP FOR PRESIDENT, INC. COMMITTEE ID	

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

355.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 418 OF 2173

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

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

Mailing Address 12184 LAVITA WAY

City	State	Zip Code
BOYNTON BEACH	FL	33437-

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**CBIZ WEEKES & CALLAWAY**

Occupation  
**INSURANCE SALES**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

**06** / **22** / **2016**

**Transaction ID : SA17.354395**

Amount of Each Receipt this Period

245.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

Mailing Address 7007 DANIELS PARK RD

City	State	Zip Code
SEDALIA	CO	80135-8718

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**CASTLE CLIFF FARM**

Occupation  
**SELF EMPLOYED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

575.00

Date of Receipt

**06** / **21** / **2016**

**Transaction ID : SA17.348632**

Amount of Each Receipt this Period

500.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

Mailing Address W6310 HAMMANN ROAD

City	State	Zip Code
PLYMOUTH	WI	53073-2713

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

**06** / **17** / **2016**

**Transaction ID : SA17.345570**

Amount of Each Receipt this Period

50.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

795.00

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

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

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(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input checked="" type="checkbox"/> 16

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. MARGE GUDE**

Mailing Address 10227 N.101ST ST.

City	State	Zip Code
SCOTTSDALE	AZ	85258-

FEC ID number of contributing federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	14	/	2016

Transaction ID : SA17.349917

Amount of Each Receipt this Period

5.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT; EARMARKED  
CONTRIBUTION FOR DONALD J TRUMP FOR  
PRESIDENT, INC. COMMITTEE ID

Full Name (Last, First, Middle Initial)

**B. MARGE GUDE**

Mailing Address 10227 N.101ST ST.

City	State	Zip Code
SCOTTSDALE	AZ	85258-

FEC ID number of contributing federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	14	/	2016

Transaction ID : SA17.354384

Amount of Each Receipt this Period

245.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**C. LARRY GUERRERO**

Mailing Address 4158 LEPIRE DR.

City	State	Zip Code
CARSON CITY	NV	89701-2508

FEC ID number of contributing federal political committee.

C

Name of Employer

CHROMALLOY

Occupation

TOOL DESIGNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	07	/	2016

Transaction ID : SA17.345092

Amount of Each Receipt this Period

50.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶

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

300.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
(check only one)

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial) <b>A. LARRY GUERRERO</b>			Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 11 / 2016 <b>Transaction ID : SA17.347146</b>	
Mailing Address 4158 LEPIRE DR.			Amount of Each Receipt this Period 100.00	
City CARSON CITY	State NV	Zip Code 89701-2508	<input type="checkbox"/> Memo Item CONTRIBUTION	
FEC ID number of contributing federal political committee. C		NON CONTRIBUTION ACCOUNT		
Name of Employer CHROMALLOY	Occupation TOOL DESIGNER			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) <b>B. TOM GUMPRECHT</b>			Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 17 / 2016 <b>Transaction ID : SA17.348442</b>	
Mailing Address 8301 161ST AVE NE #200			Amount of Each Receipt this Period 250.00	
City REDMOND	State WA	Zip Code 98052-	<input type="checkbox"/> Memo Item CONTRIBUTION	
FEC ID number of contributing federal political committee. C		NON CONTRIBUTION ACCOUNT		
Name of Employer PROLIANCE SURGEONS	Occupation DOCTOR			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) <b>C. TOM GUMPRECHT</b>			Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 25 / 2016 <b>Transaction ID : SA17.351436</b>	
Mailing Address 8301 161ST AVE NE #200			Amount of Each Receipt this Period 5.00	
City REDMOND	State WA	Zip Code 98052-	<input type="checkbox"/> Memo Item CONTRIBUTION	
FEC ID number of contributing federal political committee. C		NON CONTRIBUTION ACCOUNT; EARMARKED CONTRIBUTION FOR DONALD J TRUMP FOR PRESIDENT, INC. COMMITTEE ID		
Name of Employer PROLIANCE SURGEONS	Occupation DOCTOR			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00		

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

355.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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

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(check only one)

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

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

Mailing Address **8301 161ST AVE NE #200**

City State Zip Code  
**REDMOND WA 98052-**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**PROLIANCE SURGEONS**

Occupation  
**DOCTOR**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**500.00**

Date of Receipt

**06 / 25 / 2016**

**Transaction ID : SA17.354413**

Amount of Each Receipt this Period

**245.00**

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

Mailing Address **4021 MOUNTAIN SHADOWS**

City State Zip Code  
**RAPID CITY SD 57702-**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**500.00**

Date of Receipt

**06 / 09 / 2016**

**Transaction ID : SA17.348604**

Amount of Each Receipt this Period

**500.00**

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

Mailing Address **P.O. BOX 670**

City State Zip Code  
**WINNISQUAM NH 03289-**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**250.00**

Date of Receipt

**06 / 11 / 2016**

**Transaction ID : SA17.348417**

Amount of Each Receipt this Period

**250.00**

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

**995.00**

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 422 OF 2173

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. JAN HAIR**

Mailing Address 3813 KIMBERLY LN

City  
FORT WORTH

State Zip Code  
TX 76133-2020

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 21 / 2016

Transaction ID : SA17.347521

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**B. PHILIP HAISLIP**

Mailing Address 220 EAST 61ST STREET  
220 E 61ST ST

City  
TACOMA

State Zip Code  
WA 98404-

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED 78YRS OLD

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 04 / 2016

Transaction ID : SA17.340721

Amount of Each Receipt this Period

25.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**C. PHILIP HAISLIP**

Mailing Address 220 EAST 61ST STREET  
220 E 61ST ST

City  
TACOMA

State Zip Code  
WA 98404-

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED 78YRS OLD

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 08 / 2016

Transaction ID : SA17.341059

Amount of Each Receipt this Period

25.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

150.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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

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(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. PHILIP HAISLIP**

Mailing Address 220 EAST 61ST STREET  
220 E 61ST ST

City	State	Zip Code
TACOMA	WA	98404-

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED 78YRS OLD

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 09 / 2016

Transaction ID : SA17.341326

Amount of Each Receipt this Period

25.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**B. PHILIP HAISLIP**

Mailing Address 220 EAST 61ST STREET  
220 E 61ST ST

City	State	Zip Code
TACOMA	WA	98404-

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED 78YRS OLD

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 10 / 2016

Transaction ID : SA17.341517

Amount of Each Receipt this Period

25.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**C. PHILIP HAISLIP**

Mailing Address 220 EAST 61ST STREET  
220 E 61ST ST

City	State	Zip Code
TACOMA	WA	98404-

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED 78YRS OLD

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 12 / 2016

Transaction ID : SA17.341683

Amount of Each Receipt this Period

25.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

75.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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

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☐ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

## **A. PHILIP HAISLIP**

Mailing Address 220 EAST 61ST STREET  
220 E 61ST ST

City State Zip Code  
TACOMA WA 98404-

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED 78YRS OLD

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 13 / 2016

Transaction ID : SA17.341760

Amount of Each Receipt this Period

25.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

## **B. PHILIP HAISLIP**

Mailing Address 220 EAST 61ST STREET  
220 E 61ST ST

City State Zip Code  
TACOMA WA 98404-

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED 78YRS OLD

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 15 / 2016

Transaction ID : SA17.341927

Amount of Each Receipt this Period

25.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

## **C. PHILIP HAISLIP**

Mailing Address 220 EAST 61ST STREET  
220 E 61ST ST

City State Zip Code  
TACOMA WA 98404-

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED 78YRS OLD

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 19 / 2016

Transaction ID : SA17.342669

Amount of Each Receipt this Period

25.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

75.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

## **A. PHILIP HAISLIP**

Mailing Address 220 EAST 61ST STREET  
 220 E 61ST ST

City State Zip Code  
 TACOMA WA 98404-

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED 78YRS OLD

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

06 / 21 / 2016

Transaction ID : SA17.343038

Amount of Each Receipt this Period

25.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

## **B. PHILIP HAISLIP**

Mailing Address 220 EAST 61ST STREET  
 220 E 61ST ST

City State Zip Code  
 TACOMA WA 98404-

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED 78YRS OLD

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

06 / 26 / 2016

Transaction ID : SA17.343869

Amount of Each Receipt this Period

25.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

## **C. PHILIP HAISLIP**

Mailing Address 220 EAST 61ST STREET  
 220 E 61ST ST

City State Zip Code  
 TACOMA WA 98404-

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED 78YRS OLD

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

06 / 29 / 2016

Transaction ID : SA17.344466

Amount of Each Receipt this Period

25.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

75.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

## **A. PHILIP HAISLIP**

Mailing Address 220 EAST 61ST STREET  
 220 E 61ST ST

City State Zip Code  
 TACOMA WA 98404-

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED 78YRS OLD

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2016

Transaction ID : SA17.344530

Amount of Each Receipt this Period

25.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

## **B. PHYLLIS HALL EVANS**

Mailing Address P.O. BOX 2469

City State Zip Code  
 RIVERSIDE CA 92516-2469

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WALKER EVANS RACING

Occupation

BUSINESS MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 05 / 2016

Transaction ID : SA17.348688

Amount of Each Receipt this Period

1000.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

## **C. ALAN HALVERSON**

Mailing Address 1826 STONEBROOK LN

City State Zip Code  
 CLOVIS CA 93611-5984

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 29 / 2016

Transaction ID : SA17.344473

Amount of Each Receipt this Period

25.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

1050.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

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☐ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial) <b>A. ALAN HALVERSON</b>			Date of Receipt <div> <div>M M / D D / Y Y Y Y Y Y</div> <div>06 / 17 / 2016</div> </div>
Mailing Address 1826 STONEBROOK LN			<b>Transaction ID : SA17.347386</b>
City CLOVIS	State CA	Zip Code 93611-5984	Amount of Each Receipt this Period <div> <div>100.00</div> </div>
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item
Name of Employer RETIRED		Occupation RETIRED	CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <div> <div>600.00</div> </div>	NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial) <b>B. ALAN HALVERSON</b>			Date of Receipt <div> <div>M M / D D / Y Y Y Y Y Y</div> <div>06 / 25 / 2016</div> </div>
Mailing Address 1826 STONEBROOK LN			<b>Transaction ID : SA17.347966</b>
City CLOVIS	State CA	Zip Code 93611-5984	Amount of Each Receipt this Period <div> <div>100.00</div> </div>
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item
Name of Employer RETIRED		Occupation RETIRED	CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <div> <div>600.00</div> </div>	NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial) <b>C. ALAN HALVERSON</b>			Date of Receipt <div> <div>M M / D D / Y Y Y Y Y Y</div> <div>06 / 13 / 2016</div> </div>
Mailing Address 1826 STONEBROOK LN			<b>Transaction ID : SA17.349773</b>
City CLOVIS	State CA	Zip Code 93611-5984	Amount of Each Receipt this Period <div> <div>5.00</div> </div>
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item
Name of Employer RETIRED		Occupation RETIRED	CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <div> <div>600.00</div> </div>	NON CONTRIBUTION ACCOUNT; EARMARKED CONTRIBUTION FOR DONALD J TRUMP FOR PRESIDENT, INC. COMMITTEE ID

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

205.00

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

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

FOR LINE NUMBER:  
(check only one)

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☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial) <b>A. ALAN HALVERSON</b>			Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 13 / 2016 <b>Transaction ID : SA17.354142</b>	
Mailing Address 1826 STONEBROOK LN			Amount of Each Receipt this Period 95.00	
City CLOVIS	State CA	Zip Code 93611-5984	<input type="checkbox"/> Memo Item CONTRIBUTION	
FEC ID number of contributing federal political committee. C			NON CONTRIBUTION ACCOUNT	
Name of Employer RETIRED		Occupation RETIRED		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 600.00		
Full Name (Last, First, Middle Initial) <b>B. CAROLYN HAMERSLEY</b>			Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 01 / 2016 <b>Transaction ID : SA17.333727</b>	
Mailing Address 2900 W LIVE OAK DR.			Amount of Each Receipt this Period 50.00	
City PRESCOTT	State AZ	Zip Code 86305-7788	<input type="checkbox"/> Memo Item CONTRIBUTION	
FEC ID number of contributing federal political committee. C			NON CONTRIBUTION ACCOUNT	
Name of Employer RETIRED		Occupation RETIRED		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00		
Full Name (Last, First, Middle Initial) <b>C. CAROLYN HAMERSLEY</b>			Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 30 / 2016 <b>Transaction ID : SA17.346602</b>	
Mailing Address 2900 W LIVE OAK DR.			Amount of Each Receipt this Period 50.00	
City PRESCOTT	State AZ	Zip Code 86305-7788	<input type="checkbox"/> Memo Item CONTRIBUTION	
FEC ID number of contributing federal political committee. C			NON CONTRIBUTION ACCOUNT	
Name of Employer RETIRED		Occupation RETIRED		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00		
<b>SUBTOTAL</b> of Receipts This Page (optional).....			195.00	
<b>TOTAL</b> This Period (last page this line number only).....				

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 429 OF 2173

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial) <b>A. ALEX HAMILTON</b>			Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>06</td> <td>/</td> <td>29</td> <td>/</td> <td>2016</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	06	/	29	/	2016
M M M	/	D D D	/	Y Y Y Y Y Y									
06	/	29	/	2016									
Mailing Address 1449 BLUE CREST LANE			<b>Transaction ID : SA17.348561</b>										
City SAN ANTONIO	State TX	Zip Code 78232-	Amount of Each Receipt this Period <table border="1"> <tr> <td>250.00</td> </tr> </table>	250.00									
250.00													
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item										
Name of Employer SELF		Occupation GUNSMITH	CONTRIBUTION										
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <table border="1"> <tr> <td>250.00</td> </tr> </table>	250.00	NON CONTRIBUTION ACCOUNT									
250.00													

Full Name (Last, First, Middle Initial) <b>B. EARL HAMILTON</b>			Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>06</td> <td>/</td> <td>25</td> <td>/</td> <td>2016</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	06	/	25	/	2016
M M M	/	D D D	/	Y Y Y Y Y Y									
06	/	25	/	2016									
Mailing Address 1884 KIMS COVE ROAD			<b>Transaction ID : SA17.346263</b>										
City CANTON	State NC	Zip Code 28716-9130	Amount of Each Receipt this Period <table border="1"> <tr> <td>50.00</td> </tr> </table>	50.00									
50.00													
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item										
Name of Employer RETIRED		Occupation RETIRED	CONTRIBUTION										
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <table border="1"> <tr> <td>925.00</td> </tr> </table>	925.00	NON CONTRIBUTION ACCOUNT									
925.00													

Full Name (Last, First, Middle Initial) <b>C. EARL HAMILTON</b>			Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>06</td> <td>/</td> <td>18</td> <td>/</td> <td>2016</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	06	/	18	/	2016
M M M	/	D D D	/	Y Y Y Y Y Y									
06	/	18	/	2016									
Mailing Address 1884 KIMS COVE ROAD			<b>Transaction ID : SA17.348452</b>										
City CANTON	State NC	Zip Code 28716-9130	Amount of Each Receipt this Period <table border="1"> <tr> <td>250.00</td> </tr> </table>	250.00									
250.00													
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item										
Name of Employer RETIRED		Occupation RETIRED	CONTRIBUTION										
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <table border="1"> <tr> <td>925.00</td> </tr> </table>	925.00	NON CONTRIBUTION ACCOUNT									
925.00													

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

550.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input checked="" type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC****A. J EDWARD HAMLIN**  
Full Name (Last, First, Middle Initial)

Mailing Address 14734 N. GOLDFIELD RD.

City	State	Zip Code
FORT MCDOWELL	AZ	85264-

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BASS CABINET MFG INCOccupation  
CABINET MAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	23	/	2016

Transaction ID : SA17.348503

Amount of Each Receipt this Period

250.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

Mailing Address 6830 SANDPEBBLE ST

City	State	Zip Code
PAHRUMP	NV	89061-7746

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	16	/	2016

Transaction ID : SA17.342273

Amount of Each Receipt this Period

25.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

Mailing Address 6830 SANDPEBBLE ST

City	State	Zip Code
PAHRUMP	NV	89061-7746

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	21	/	2016

Transaction ID : SA17.343015

Amount of Each Receipt this Period

25.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

300.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 431 OF 2173

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial) <b>A. VIRGINIA HAMMOND</b>			Date of Receipt <div> <div>MM / DD / YYYY</div> <div>06 / 22 / 2016</div> </div>	
Mailing Address <b>6830 SANDPEBBLE ST</b>			<b>Transaction ID : SA17.343290</b>	
City <b>PAHRUMP</b>	State <b>NV</b>	Zip Code <b>89061-7746</b>	Amount of Each Receipt this Period <div> <div>Amount</div> <div>25.00</div> </div>	
FEC ID number of contributing federal political committee. <div> <div>C</div> <div></div> </div>			<input type="checkbox"/> Memo Item	
Name of Employer <b>RETIRED</b>		Occupation <b>RETIRED</b>	<b>CONTRIBUTION</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <div> <div>Amount</div> <div>250.00</div> </div>		
			<b>NON CONTRIBUTION ACCOUNT</b>	

Full Name (Last, First, Middle Initial) <b>B. ROBERT HARDEMAN</b>			Date of Receipt <div> <div>MM / DD / YYYY</div> <div>06 / 16 / 2016</div> </div>	
Mailing Address <b>903 ROBERT E. LEE CR.</b>			<b>Transaction ID : SA17.348617</b>	
City <b>GREENWOOD</b>	State <b>MS</b>	Zip Code <b>38930-</b>	Amount of Each Receipt this Period <div> <div>Amount</div> <div>500.00</div> </div>	
FEC ID number of contributing federal political committee. <div> <div>C</div> <div></div> </div>			<input type="checkbox"/> Memo Item	
Name of Employer <b>SELF</b>		Occupation <b>FARMER</b>	<b>CONTRIBUTION</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <div> <div>Amount</div> <div>500.00</div> </div>		
			<b>NON CONTRIBUTION ACCOUNT</b>	

Full Name (Last, First, Middle Initial) <b>C. CHARLES HARDY</b>			Date of Receipt <div> <div>MM / DD / YYYY</div> <div>06 / 28 / 2016</div> </div>	
Mailing Address <b>5252 E. 114TH PLACE</b>			<b>Transaction ID : SA17.348544</b>	
City <b>TULSA</b>	State <b>OK</b>	Zip Code <b>74137-</b>	Amount of Each Receipt this Period <div> <div>Amount</div> <div>250.00</div> </div>	
FEC ID number of contributing federal political committee. <div> <div>C</div> <div></div> </div>			<input type="checkbox"/> Memo Item	
Name of Employer <b>SELF EMPLOYED</b>		Occupation <b>SELF EMPLOYED</b>	<b>CONTRIBUTION</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <div> <div>Amount</div> <div>250.00</div> </div>		
			<b>NON CONTRIBUTION ACCOUNT</b>	

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

775.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 432 OF 2173

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

<b>A. T - FRANKLIN HARKINS</b> Full Name (Last, First, Middle Initial) Mailing Address 109 W. COPELAND CIRCLE, LAURENS, S City LAURENS State SC Zip Code 29360-1752 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer RETIRED Occupation RETIRED Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 225.00			Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 07 / 2016 <b>Transaction ID : SA17.345068</b> Amount of Each Receipt this Period 50.00 <input type="checkbox"/> Memo Item CONTRIBUTION NON CONTRIBUTION ACCOUNT	
<b>B. T - FRANKLIN HARKINS</b> Full Name (Last, First, Middle Initial) Mailing Address 109 W. COPELAND CIRCLE, LAURENS, S City LAURENS State SC Zip Code 29360-1752 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer RETIRED Occupation RETIRED Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 225.00			Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 11 / 2016 <b>Transaction ID : SA17.349421</b> Amount of Each Receipt this Period 5.00 <input type="checkbox"/> Memo Item CONTRIBUTION NON CONTRIBUTION ACCOUNT; EARMARKED CONTRIBUTION FOR DONALD J TRUMP FOR PRESIDENT, INC. COMMITTEE ID	
<b>C. T - FRANKLIN HARKINS</b> Full Name (Last, First, Middle Initial) Mailing Address 109 W. COPELAND CIRCLE, LAURENS, S City LAURENS State SC Zip Code 29360-1752 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer RETIRED Occupation RETIRED Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 225.00			Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 11 / 2016 <b>Transaction ID : SA17.352419</b> Amount of Each Receipt this Period 20.00 <input type="checkbox"/> Memo Item CONTRIBUTION NON CONTRIBUTION ACCOUNT	
<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶			75.00	
<b>TOTAL</b> This Period (last page this line number only)..... ▶				



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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

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(check only one)

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☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

## **A. PHYLLIS HARNISH**

Mailing Address 7305 SOUNDVIEW DR.  
 602

City State Zip Code  
 GIG HARBOR WA 98335-

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

SELF

PROPERTY OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 21 / 2016

Transaction ID : SA17.348470

Amount of Each Receipt this Period

250.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

## **B. MICHELLE HARRIS**

Mailing Address 2461 N BERKSHIRE RD

City State Zip Code  
 CHARLOTTESVILLE VA 22901-2412

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

SELF

SALES & MARKETING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 10 / 2016

Transaction ID : SA17.348412

Amount of Each Receipt this Period

250.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

## **C. W.G. HARRISON**

Mailing Address 3210 LANCASTER LANE

City State Zip Code  
 WICHITA FALLS TX 76310-1773

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST EFF

INFORMATION REQUESTED PER BEST EFF

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 16 / 2016

Transaction ID : SA17.333573

Amount of Each Receipt this Period

500.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

1000.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

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☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. LINDA HARTLEY**

Mailing Address 11113 DOUBLE EAGLE NE

City State Zip Code  
 ALBUQUERQUE NM 87111-6562

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

**06** / **17** / **2016**

**Transaction ID : SA17.342506**

Amount of Each Receipt this Period

25.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**B. LINDA HARTLEY**

Mailing Address 11113 DOUBLE EAGLE NE

City State Zip Code  
 ALBUQUERQUE NM 87111-6562

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

**06** / **08** / **2016**

**Transaction ID : SA17.346979**

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**C. LINDA HARTLEY**

Mailing Address 11113 DOUBLE EAGLE NE

City State Zip Code  
 ALBUQUERQUE NM 87111-6562

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

**06** / **02** / **2016**

**Transaction ID : SA17.348792**

Amount of Each Receipt this Period

5.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT; EARMARKED  
CONTRIBUTION FOR DONALD J TRUMP FOR  
PRESIDENT, INC. COMMITTEE ID

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

130.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 435 OF 2173  
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. LINDA HARTLEY**

Mailing Address 11113 DOUBLE EAGLE NE

City	State	Zip Code
ALBUQUERQUE	NM	87111-6562

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	22	/	2016

Transaction ID : SA17.350200

Amount of Each Receipt this Period

5.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT; EARMARKED  
CONTRIBUTION FOR DONALD J TRUMP FOR  
PRESIDENT, INC. COMMITTEE ID

Full Name (Last, First, Middle Initial)

**B. LINDA HARTLEY**

Mailing Address 11113 DOUBLE EAGLE NE

City	State	Zip Code
ALBUQUERQUE	NM	87111-6562

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	02	/	2016

Transaction ID : SA17.352112

Amount of Each Receipt this Period

20.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**C. LINDA HARTLEY**

Mailing Address 11113 DOUBLE EAGLE NE

City	State	Zip Code
ALBUQUERQUE	NM	87111-6562

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	22	/	2016

Transaction ID : SA17.352828

Amount of Each Receipt this Period

20.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

45.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 436 OF 2173

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. BRETT HARVEY**

Mailing Address 34 VIRGINIA LANE

City	State	Zip Code
CANONSBURG	PA	15317-

FEC ID number of contributing federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	22	/	2016

Transaction ID : SA17.350582

Amount of Each Receipt this Period

5.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT; EARMARKED  
CONTRIBUTION FOR DONALD J TRUMP FOR  
PRESIDENT, INC. COMMITTEE ID

Full Name (Last, First, Middle Initial)

**B. BRETT HARVEY**

Mailing Address 34 VIRGINIA LANE

City	State	Zip Code
CANONSBURG	PA	15317-

FEC ID number of contributing federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	22	/	2016

Transaction ID : SA17.354425

Amount of Each Receipt this Period

495.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**C. ED HAUSER**Mailing Address 150 BRADLEY.PL.  
304

City	State	Zip Code
PALM BEACH	FL	33480-

FEC ID number of contributing federal political committee.

C

Name of Employer

N/A

Occupation

INVESTMENTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	21	/	2016

Transaction ID : SA17.347510

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

600.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 437 OF 2173

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**Full Name (Last, First, Middle Initial)  
**A. JEFF HAUSMANN**

Mailing Address 4717 TONYAWATHA TRAIL

City	State	Zip Code
MADISON	WI	53716-

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
06				02			2016					

Transaction ID : SA17.348840

Amount of Each Receipt this Period

5.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT; EARMARKED  
CONTRIBUTION FOR DONALD J TRUMP FOR  
PRESIDENT, INC. COMMITTEE IDFull Name (Last, First, Middle Initial)  
**B. JEFF HAUSMANN**

Mailing Address 4717 TONYAWATHA TRAIL

City	State	Zip Code
MADISON	WI	53716-

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
06				02			2016					

Transaction ID : SA17.354376

Amount of Each Receipt this Period

245.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

Mailing Address POBOX 1507

City	State	Zip Code
LIMA	OH	45802-

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
06				30			2016					

Transaction ID : SA17.348755

Amount of Each Receipt this Period

1000.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ▶

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

1250.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 438 OF 2173

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**Full Name (Last, First, Middle Initial)  
**A. JAMES HAWKINS**

Mailing Address 2569 TEMPLE AVE

City	State	Zip Code
CAMARILLO	CA	93010-2230

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	23	/	2016

Transaction ID : SA17.351320

Amount of Each Receipt this Period

5.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT; EARMARKED  
CONTRIBUTION FOR DONALD J TRUMP FOR  
PRESIDENT, INC. COMMITTEE IDFull Name (Last, First, Middle Initial)  
**B. JAMES HAWKINS**

Mailing Address 2569 TEMPLE AVE

City	State	Zip Code
CAMARILLO	CA	93010-2230

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	23	/	2016

Transaction ID : SA17.354319

Amount of Each Receipt this Period

95.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)  
**C. STEPHEN D. HAYMES**Mailing Address 5 PENN PLAZA  
24TH FLL

City	State	Zip Code
NEW YORK CITY	NY	10001-

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

REAL ESTATE INVESTOR &amp; DEVELOPER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	03	/	2016

Transaction ID : SA17.349142

Amount of Each Receipt this Period

5.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT; EARMARKED  
CONTRIBUTION FOR DONALD J TRUMP FOR  
PRESIDENT, INC. COMMITTEE ID

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

105.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

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☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial) <b>A. STEPHEN D. HAYMES</b>		Date of Receipt <div> <div>M M / D D / Y Y Y Y Y Y</div> <div>06 / 03 / 2016</div> </div>
Mailing Address <b>5 PENN PLAZA</b> <b>24TH FLL</b>		<b>Transaction ID : SA17.354446</b>
City <b>NEW YORK CITY</b>	State <b>NY</b>	Zip Code <b>10001-</b>
FEC ID number of contributing federal political committee. <div> <div>C</div> <div></div> </div>		Amount of Each Receipt this Period <div> <div></div> <div>995.00</div> </div>
Name of Employer <b>SELF-EMPLOYED</b>	Occupation <b>REAL ESTATE INVESTOR &amp; DEVELOPER</b>	<input type="checkbox"/> Memo Item CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <div> <div></div> <div>1000.00</div> </div>	NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial) <b>B. ROBERT HEDGEPEETH</b>		Date of Receipt <div> <div>M M / D D / Y Y Y Y Y Y</div> <div>06 / 11 / 2016</div> </div>
Mailing Address <b>1144 LAFITTE DRIVE</b>		<b>Transaction ID : SA17.333867</b>
City <b>BONNE TERRE</b>	State <b>MO</b>	Zip Code <b>63628-8931</b>
FEC ID number of contributing federal political committee. <div> <div>C</div> <div></div> </div>		Amount of Each Receipt this Period <div> <div></div> <div>100.00</div> </div>
Name of Employer <b>RETIRED</b>	Occupation <b>FIGHTER PILOT</b>	<input type="checkbox"/> Memo Item CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <div> <div></div> <div>300.00</div> </div>	NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial) <b>C. THOMAS HEDGE</b>		Date of Receipt <div> <div>M M / D D / Y Y Y Y Y Y</div> <div>06 / 22 / 2016</div> </div>
Mailing Address <b>63 CORBINS MILL DRIVE</b>		<b>Transaction ID : SA17.350671</b>
City <b>DUBLIN</b>	State <b>OH</b>	Zip Code <b>43017-</b>
FEC ID number of contributing federal political committee. <div> <div>C</div> <div></div> </div>		Amount of Each Receipt this Period <div> <div></div> <div>5.00</div> </div>
Name of Employer <b>HR BUTLER, LLC</b>	Occupation <b>PRESIDENT</b>	<input type="checkbox"/> Memo Item CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <div> <div></div> <div>250.00</div> </div>	NON CONTRIBUTION ACCOUNT; EARMARKED CONTRIBUTION FOR DONALD J TRUMP FOR PRESIDENT, INC. COMMITTEE ID

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

1100.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

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☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

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

Mailing Address **63 CORBINS MILL DRIVE**

City State Zip Code  
**DUBLIN OH 43017-**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**HR BUTLER, LLC**

Occupation

**PRESIDENT**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**250.00**

Date of Receipt

**06 / 22 / 2016**

**Transaction ID : SA17.354397**

Amount of Each Receipt this Period

**245.00**

☐ Memo Item

**CONTRIBUTION**

**NON CONTRIBUTION ACCOUNT**

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

Mailing Address **21 BOULDER VIEW**

City State Zip Code  
**IRVINE CA 92603-**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**COLONY CAPITAL**

Occupation

**EXECUTIVE**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**1000.00**

Date of Receipt

**06 / 21 / 2016**

**Transaction ID : SA17.333990**

Amount of Each Receipt this Period

**1000.00**

☐ Memo Item

**CONTRIBUTION**

**NON CONTRIBUTION ACCOUNT**

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

Mailing Address **7110 W CENTRAL AVE  
SUITE D**

City State Zip Code  
**TOLEDO OH 43617-3118**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**SELF**

Occupation

**SALES**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**325.00**

Date of Receipt

**06 / 30 / 2016**

**Transaction ID : SA17.344588**

Amount of Each Receipt this Period

**25.00**

☐ Memo Item

**CONTRIBUTION**

**NON CONTRIBUTION ACCOUNT**

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

**1270.00**



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

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☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

## **A. BERNIE HEINL**

Mailing Address 7110 W CENTRAL AVE  
 SUITE D

City State Zip Code  
 TOLEDO OH 43617-3118

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF

Occupation

SALES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 07 / 2016

Transaction ID : SA17.345082

Amount of Each Receipt this Period

50.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

## **B. BERNIE HEINL**

Mailing Address 7110 W CENTRAL AVE  
 SUITE D

City State Zip Code  
 TOLEDO OH 43617-3118

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF

Occupation

SALES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 20 / 2016

Transaction ID : SA17.345748

Amount of Each Receipt this Period

50.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

## **C. BERNIE HEINL**

Mailing Address 7110 W CENTRAL AVE  
 SUITE D

City State Zip Code  
 TOLEDO OH 43617-3118

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF

Occupation

SALES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 27 / 2016

Transaction ID : SA17.346327

Amount of Each Receipt this Period

50.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

150.00

	11a		11b		11c		12		
	13		14		15		16	<input checked="" type="checkbox"/>	17

NAME OF COMMITTEE (In Full)  
GREAT AMERICA PAC

NON CONTRIBUTION ACCOUNT

[illegible]

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. BILL HENDRICKSEN**

Mailing Address 443 HARBOR ISLAND DRIVE

City	State	Zip Code
NEWPORT BEACH	CA	92660-

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID : SA17.333735

Amount of Each Receipt this Period

1000.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**B. THOMAS HERRIFORD**

Mailing Address 3N659 HERMAN MELVILLE LN.

City	State	Zip Code
SAINT CHARLES	IL	60175-

FEC ID number of contributing  
federal political committee.

C

Name of Employer

THE ROCKOLA CORPORATION

Occupation

EXECUTIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	16	/	2016

Transaction ID : SA17.348708

Amount of Each Receipt this Period

1000.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**C. DONALD ALAN HERSHEY**

Mailing Address 175 BAKER RD.

City	State	Zip Code
VICTOR	NY	14564-9715

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HERSHEY ENERGY SYSTEMS

Occupation

PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	22	/	2016

Transaction ID : SA17.350145

Amount of Each Receipt this Period

5.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT; EARMARKED  
CONTRIBUTION FOR DONALD J TRUMP FOR  
PRESIDENT, INC. COMMITTEE ID

SUBTOTAL of Receipts This Page (optional)..... ▶

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

2005.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 444 OF 2173

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**Full Name (Last, First, Middle Initial)  
**A. DONALD ALAN HERSHEY**

Mailing Address 175 BAKER RD.

City	State	Zip Code
VICTOR	NY	14564-9715

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HERSHEY ENERGY SYSTEMSOccupation  
PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	22	/	2016

Transaction ID : SA17.354182

Amount of Each Receipt this Period

95.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

Mailing Address 18588 WOODBANK WAY

City	State	Zip Code
SARATOGA	CA	95070-6252

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID : SA17.344904

Amount of Each Receipt this Period

50.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

Mailing Address 18588 WOODBANK WAY

City	State	Zip Code
SARATOGA	CA	95070-6252

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	21	/	2016

Transaction ID : SA17.345901

Amount of Each Receipt this Period

50.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

195.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

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☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial) <b>A. RONALD HILLS</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 03 / 2016 <b>Transaction ID : SA17.349115</b>	
Mailing Address 18588 WOODBANK WAY		Amount of Each Receipt this Period 5.00	
City SARATOGA	State CA	Zip Code 95070-6252	<input type="checkbox"/> Memo Item <b>CONTRIBUTION</b>  NON CONTRIBUTION ACCOUNT; EARMARKED CONTRIBUTION FOR DONALD J TRUMP FOR PRESIDENT, INC. COMMITTEE ID
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 250.00	
Name of Employer RETIRED	Occupation RETIRED		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
Full Name (Last, First, Middle Initial) <b>B. RONALD HILLS</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 03 / 2016 <b>Transaction ID : SA17.353588</b>	
Mailing Address 18588 WOODBANK WAY		Amount of Each Receipt this Period 45.00	
City SARATOGA	State CA	Zip Code 95070-6252	<input type="checkbox"/> Memo Item <b>CONTRIBUTION</b>  NON CONTRIBUTION ACCOUNT
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 250.00	
Name of Employer RETIRED	Occupation RETIRED		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
Full Name (Last, First, Middle Initial) <b>C. DONALD HODDER</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 14 / 2016 <b>Transaction ID : SA17.347226</b>	
Mailing Address 13910 W 30TH PL		Amount of Each Receipt this Period 100.00	
City GOLDEN	State CO	Zip Code 80401-1508	<input type="checkbox"/> Memo Item <b>CONTRIBUTION</b>  NON CONTRIBUTION ACCOUNT
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 300.00	
Name of Employer RETIRED	Occupation RETIRED		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶		150.00	
<b>TOTAL</b> This Period (last page this line number only)..... ▶			

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial) <b>A. DONALD HODDER</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 22 / 2016 <b>Transaction ID : SA17.347700</b>	
Mailing Address 13910 W 30TH PL		Amount of Each Receipt this Period 100.00	
City GOLDEN	State CO	Zip Code 80401-1508	<input type="checkbox"/> Memo Item <b>CONTRIBUTION</b>  NON CONTRIBUTION ACCOUNT
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 300.00	
Name of Employer RETIRED	Occupation RETIRED		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
Full Name (Last, First, Middle Initial) <b>B. NANCY HODGES</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 13 / 2016 <b>Transaction ID : SA17.349720</b>	
Mailing Address P.O. BOX 643253		Amount of Each Receipt this Period 5.00	
City VERO BEACH	State FL	Zip Code 32964-3253	<input type="checkbox"/> Memo Item <b>CONTRIBUTION</b>  NON CONTRIBUTION ACCOUNT; EARMARKED CONTRIBUTION FOR DONALD J TRUMP FOR PRESIDENT, INC. COMMITTEE ID
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 225.00	
Name of Employer RETIRED	Occupation RETIRED		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
Full Name (Last, First, Middle Initial) <b>C. NANCY HODGES</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 13 / 2016 <b>Transaction ID : SA17.352588</b>	
Mailing Address P.O. BOX 643253		Amount of Each Receipt this Period 20.00	
City VERO BEACH	State FL	Zip Code 32964-3253	<input type="checkbox"/> Memo Item <b>CONTRIBUTION</b>  NON CONTRIBUTION ACCOUNT
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 225.00	
Name of Employer RETIRED	Occupation RETIRED		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
<b>SUBTOTAL</b> of Receipts This Page (optional).....		125.00	
<b>TOTAL</b> This Period (last page this line number only).....			

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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

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(check only one)

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☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial) <b>A. FRANCINE HOLLOWELL</b>			Date of Receipt M M / D D / Y Y Y Y Y 06 / 07 / 2016 <b>Transaction ID : SA17.345078</b>	
Mailing Address 2775 JADMINE CT, NE			Amount of Each Receipt this Period 50.00	
City ATLANTA	State GA	Zip Code 30345-	<input type="checkbox"/> Memo Item CONTRIBUTION	
FEC ID number of contributing federal political committee. C		NON CONTRIBUTION ACCOUNT		
Name of Employer RETIRED	Occupation RETIRED	Aggregate Year-to-Date ▼ 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				

Full Name (Last, First, Middle Initial) <b>B. FRANCINE HOLLOWELL</b>			Date of Receipt M M / D D / Y Y Y Y Y 06 / 21 / 2016 <b>Transaction ID : SA17.347552</b>	
Mailing Address 2775 JADMINE CT, NE			Amount of Each Receipt this Period 100.00	
City ATLANTA	State GA	Zip Code 30345-	<input type="checkbox"/> Memo Item CONTRIBUTION	
FEC ID number of contributing federal political committee. C		NON CONTRIBUTION ACCOUNT		
Name of Employer RETIRED	Occupation RETIRED	Aggregate Year-to-Date ▼ 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				

Full Name (Last, First, Middle Initial) <b>C. LEE HOLMES</b>			Date of Receipt M M / D D / Y Y Y Y Y 06 / 30 / 2016 <b>Transaction ID : SA17.348756</b>	
Mailing Address P.O. BOX AR			Amount of Each Receipt this Period 1000.00	
City HAGATNA	State GU	Zip Code 96932-7564	<input type="checkbox"/> Memo Item CONTRIBUTION	
FEC ID number of contributing federal political committee. C		NON CONTRIBUTION ACCOUNT		
Name of Employer RETIRED	Occupation RETIRED	Aggregate Year-to-Date ▼ 1500.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

1150.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
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(check only one)

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<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. NOEL HOLUB**

Mailing Address 5805 INDIANWOOD LANE

City  
FORT WORTHState Zip Code  
TX 76132-4490FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	11	/	2016

**Transaction ID : SA17.347167**

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**B. NOEL HOLUB**

Mailing Address 5805 INDIANWOOD LANE

City  
FORT WORTHState Zip Code  
TX 76132-4490FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	20	/	2016

**Transaction ID : SA17.347475**

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**C. CYNTHIA HOPKINS**

Mailing Address P.O. BOX 80

City  
NEW PORT RICHEYState Zip Code  
FL 34656-FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF

Occupation

ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	07	/	2016

**Transaction ID : SA17.346937**

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

300.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
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(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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 NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. MIKE HORAN**

Mailing Address 243 PONCE DE LEON AVE.

City	State	Zip Code
VENICE	FL	34285-

FEC ID number of contributing federal political committee.

C

Name of Employer

AJAX PAVING INDUSTRIES OF FLORIDA, LLC

Occupation

CONTRACTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	22	/	2016

Transaction ID : SA17.350522

Amount of Each Receipt this Period

5.00

☐ Memo Item

CONTRIBUTION

 NON CONTRIBUTION ACCOUNT; EARMARKED  
 CONTRIBUTION FOR DONALD J TRUMP FOR  
 PRESIDENT, INC. COMMITTEE ID

Full Name (Last, First, Middle Initial)

**B. MIKE HORAN**

Mailing Address 243 PONCE DE LEON AVE.

City	State	Zip Code
VENICE	FL	34285-

FEC ID number of contributing federal political committee.

C

Name of Employer

AJAX PAVING INDUSTRIES OF FLORIDA, LLC

Occupation

CONTRACTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	22	/	2016

Transaction ID : SA17.354423

Amount of Each Receipt this Period

495.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**C. CHRISTOPHER HOVICK**Mailing Address 2891 CANYON CREST DR.  
56

City	State	Zip Code
RIVERSIDE	CA	92507-

FEC ID number of contributing federal political committee.

C

Name of Employer

CALTRANS

Occupation

CIVIL ENGINEER (AND STATISTICIAN)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	21	/	2016

Transaction ID : SA17.348335

Amount of Each Receipt this Period

150.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶

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

650.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**Full Name (Last, First, Middle Initial)  
**A. CHRISTOPHER HOVICK**Mailing Address 2891 CANYON CREST DR.  
56

City	State	Zip Code
RIVERSIDE	CA	92507-

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CALTRANS

Occupation

CIVIL ENGINEER (AND STATISTICIAN)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	24	/	2016

Transaction ID : SA17.348517

Amount of Each Receipt this Period

250.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

Mailing Address P.O. BOX 434

City	State	Zip Code
OAKVILLE	CA	94562-

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

VINTNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	22	/	2016

Transaction ID : SA17.348767

Amount of Each Receipt this Period

2700.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

Mailing Address 5830 OSO PARKWAY

City	State	Zip Code
CORPUS CHRISTI	TX	78414-6046

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	04	/	2016

Transaction ID : SA17.349250

Amount of Each Receipt this Period

5.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT; EARMARKED  
CONTRIBUTION FOR DONALD J TRUMP FOR  
PRESIDENT, INC. COMMITTEE ID

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2955.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
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(check only one)

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<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. GAYLORD HOYT**

Mailing Address 5830 OSO PARKWAY

City	State	Zip Code
CORPUS CHRISTI	TX	78414-6046

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	04	/	2016

Transaction ID : SA17.354420

Amount of Each Receipt this Period

295.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**B. NANCY HUBBART**Mailing Address 3095 KEY HARBOUR DRIVE  
3095 KEY HARBOUR DRIVE

City	State	Zip Code
LAKE SAINT LOUIS	MO	63367-

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AMERICAN POOLPLAYERS ASSOCIATION,  
INC.

Occupation

SECRETARY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	28	/	2016

Transaction ID : SA17.351514

Amount of Each Receipt this Period

5.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT; EARMARKED  
CONTRIBUTION FOR DONALD J TRUMP FOR  
PRESIDENT, INC. COMMITTEE ID

Full Name (Last, First, Middle Initial)

**C. NANCY HUBBART**Mailing Address 3095 KEY HARBOUR DRIVE  
3095 KEY HARBOUR DRIVE

City	State	Zip Code
LAKE SAINT LOUIS	MO	63367-

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AMERICAN POOLPLAYERS ASSOCIATION, INC.

Occupation

SECRETARY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	28	/	2016

Transaction ID : SA17.354415

Amount of Each Receipt this Period

245.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

545.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
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(check only one)

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<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

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

Mailing Address **3415 UNIVERSITY AVE**

City **SAINT PAUL** State **MN** Zip Code **55114-1019**

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

Name of Employer **INFORMATION REQUESTED PER BEST EFFORTS** Occupation **INFORMATION REQUESTED PER BEST EFFORTS**

Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
**50000.00**

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
06				27			2016					

**Transaction ID : SA17.333576**

Amount of Each Receipt this Period

**25000.00**☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

Mailing Address **123 BRYANT RD NE**

City **RESACA** State **GA** Zip Code **30735-**

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

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
**250.00**

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
06				20			2016					

**Transaction ID : SA17.348456**

Amount of Each Receipt this Period

**250.00**☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

Mailing Address **2010 WHISPER LANE**

City **FAYETTEVILLE** State **NC** Zip Code **28303-7002**

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

Name of Employer **HURST ANNAHO SUPPLY** Occupation **VICE PRESIDENT**

Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
**475.00**

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
06				09			2016					

**Transaction ID : SA17.345213**

Amount of Each Receipt this Period

**50.00**☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ▶**TOTAL** This Period (last page this line number only)..... ▶**25300.00**

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

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☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

## **A. BOBBY HURST**

Mailing Address 2010 WHISPER LANE

City State Zip Code  
 FAYETTEVILLE NC 28303-7002

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 HURST ANNAHO SUPPLY

Occupation  
 VICE PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

**06 / 21 / 2016**

**Transaction ID : SA17.345855**

Amount of Each Receipt this Period

50.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

## **B. VINCENT INTRIERI**

Mailing Address 327 EAST 48TH STREET  
 39A

City State Zip Code  
 NEW YORK CITY NY 10017-

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 ICAHN PARTNERS

Occupation  
 SR. MGNG DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

**06 / 16 / 2016**

**Transaction ID : SA17.348436**

Amount of Each Receipt this Period

250.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

## **C. ANTHONY IZZO**

Mailing Address 1HUNTINGTON QUADRANGLE  
 1C09

City State Zip Code  
 MELVILLE NY 11747-

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 SELF

Occupation  
 SALES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

**06 / 16 / 2016**

**Transaction ID : SA17.348437**

Amount of Each Receipt this Period

250.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

550.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

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☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial) <b>A. ELIZABETH JACKSON</b>			Date of Receipt <div> <div>M M / D D / Y Y Y Y Y Y</div> <div>06 / 02 / 2016</div> </div>	
Mailing Address 169 KINGFISHER CIR			<b>Transaction ID : SA17.344916</b>	
City POOLER	State GA	Zip Code 31322-	Amount of Each Receipt this Period <div> <div>50.00</div> </div>	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item <b>CONTRIBUTION</b>		
Name of Employer RETIRED		Occupation RETIRED		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <div> <div>250.00</div> </div>		
			<b>NON CONTRIBUTION ACCOUNT</b>	

Full Name (Last, First, Middle Initial) <b>B. ELIZABETH JACKSON</b>			Date of Receipt <div> <div>M M / D D / Y Y Y Y Y Y</div> <div>06 / 17 / 2016</div> </div>	
Mailing Address 169 KINGFISHER CIR			<b>Transaction ID : SA17.345635</b>	
City POOLER	State GA	Zip Code 31322-	Amount of Each Receipt this Period <div> <div>50.00</div> </div>	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item <b>CONTRIBUTION</b>		
Name of Employer RETIRED		Occupation RETIRED		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <div> <div>250.00</div> </div>		
			<b>NON CONTRIBUTION ACCOUNT</b>	

Full Name (Last, First, Middle Initial) <b>C. ELIZABETH JACKSON</b>			Date of Receipt <div> <div>M M / D D / Y Y Y Y Y Y</div> <div>06 / 27 / 2016</div> </div>	
Mailing Address 169 KINGFISHER CIR			<b>Transaction ID : SA17.346306</b>	
City POOLER	State GA	Zip Code 31322-	Amount of Each Receipt this Period <div> <div>50.00</div> </div>	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item <b>CONTRIBUTION</b>		
Name of Employer RETIRED		Occupation RETIRED		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <div> <div>250.00</div> </div>		
			<b>NON CONTRIBUTION ACCOUNT</b>	

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

150.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
(check only one)

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial) <b>A. GEORGE JAEGER</b>			Date of Receipt <div> <div>MM / DD / YYYY</div> <div>06 / 16 / 2016</div> </div>	
Mailing Address <b>E5690 23TH RD.</b>			<b>Transaction ID : SA17.348438</b>	
City <b>ALGOMA</b>	State <b>WI</b>	Zip Code <b>54201-</b>	Amount of Each Receipt this Period <div> <div>Amount</div> <div>250.00</div> </div>	
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Memo Item		
Name of Employer <b>RETIRED</b>		<b>CONTRIBUTION</b>		
Occupation <b>RETIRED</b>		<b>NON CONTRIBUTION ACCOUNT</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <div> <div>Amount</div> <div>250.00</div> </div>		

Full Name (Last, First, Middle Initial) <b>B. DENNIS JENKINS</b>			Date of Receipt <div> <div>MM / DD / YYYY</div> <div>06 / 11 / 2016</div> </div>	
Mailing Address <b>420 MARS HILL RD.</b>			<b>Transaction ID : SA17.349467</b>	
City <b>POWDER SPRINGS</b>	State <b>GA</b>	Zip Code <b>30127-4309</b>	Amount of Each Receipt this Period <div> <div>Amount</div> <div>5.00</div> </div>	
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Memo Item		
Name of Employer <b>SELF</b>		<b>CONTRIBUTION</b>		
Occupation <b>CPA</b>		<b>NON CONTRIBUTION ACCOUNT; EARMARKED CONTRIBUTION FOR DONALD J TRUMP FOR PRESIDENT, INC. COMMITTEE ID</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <div> <div>Amount</div> <div>250.00</div> </div>		

Full Name (Last, First, Middle Initial) <b>C. DENNIS JENKINS</b>			Date of Receipt <div> <div>MM / DD / YYYY</div> <div>06 / 11 / 2016</div> </div>	
Mailing Address <b>420 MARS HILL RD.</b>			<b>Transaction ID : SA17.353648</b>	
City <b>POWDER SPRINGS</b>	State <b>GA</b>	Zip Code <b>30127-4309</b>	Amount of Each Receipt this Period <div> <div>Amount</div> <div>45.00</div> </div>	
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Memo Item		
Name of Employer <b>SELF</b>		<b>CONTRIBUTION</b>		
Occupation <b>CPA</b>		<b>NON CONTRIBUTION ACCOUNT</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <div> <div>Amount</div> <div>250.00</div> </div>		

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

300.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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

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(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial) <b>A. ANN L. JOHNSON</b>			Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 22 / 2016 <b>Transaction ID : SA17.350510</b>	
Mailing Address 1220 SOUTH OCEAN BLVD.			Amount of Each Receipt this Period 5.00	
City PALM BEACH	State FL	Zip Code 33480-	<input type="checkbox"/> Memo Item CONTRIBUTION	
FEC ID number of contributing federal political committee. C			NON CONTRIBUTION ACCOUNT; EARMARKED CONTRIBUTION FOR DONALD J TRUMP FOR PRESIDENT, INC. COMMITTEE ID	
Name of Employer RETIRED	Occupation RETIRED		Amount of Each Receipt this Period 2495.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00		<input type="checkbox"/> Memo Item CONTRIBUTION	
Full Name (Last, First, Middle Initial) <b>B. ANN L. JOHNSON</b>			Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 22 / 2016 <b>Transaction ID : SA17.354452</b>	
Mailing Address 1220 SOUTH OCEAN BLVD.			Amount of Each Receipt this Period 2495.00	
City PALM BEACH	State FL	Zip Code 33480-	<input type="checkbox"/> Memo Item CONTRIBUTION	
FEC ID number of contributing federal political committee. C			NON CONTRIBUTION ACCOUNT	
Name of Employer RETIRED	Occupation RETIRED		Amount of Each Receipt this Period 500.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00		<input type="checkbox"/> Memo Item CONTRIBUTION	
Full Name (Last, First, Middle Initial) <b>C. GARY JOHNSTON</b>			Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 07 / 2016 <b>Transaction ID : SA17.348592</b>	
Mailing Address 1725 S. ESCONDIDO BLVD, A			Amount of Each Receipt this Period 500.00	
City ESCONDIDO	State CA	Zip Code 92025-	<input type="checkbox"/> Memo Item CONTRIBUTION	
FEC ID number of contributing federal political committee. C			NON CONTRIBUTION ACCOUNT	
Name of Employer RETIRED	Occupation RETIRED		Amount of Each Receipt this Period 1300.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1300.00		<input type="checkbox"/> Memo Item CONTRIBUTION	
<b>SUBTOTAL</b> of Receipts This Page (optional).....			3000.00	
<b>TOTAL</b> This Period (last page this line number only).....				



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
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(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

<b>A. HARRISON JOHNSTON</b> Full Name (Last, First, Middle Initial) Mailing Address 11309 EMPIRE LAKES DRIVE City RALEIGH State NC Zip Code 27617-8626 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer RETIRED Occupation RETIRED Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00			Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 22 / 2016 <b>Transaction ID : SA17.350168</b> Amount of Each Receipt this Period 5.00 <input type="checkbox"/> Memo Item CONTRIBUTION NON CONTRIBUTION ACCOUNT; EARMARKED CONTRIBUTION FOR DONALD J TRUMP FOR PRESIDENT, INC. COMMITTEE ID
<b>B. HARRISON JOHNSTON</b> Full Name (Last, First, Middle Initial) Mailing Address 11309 EMPIRE LAKES DRIVE City RALEIGH State NC Zip Code 27617-8626 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer RETIRED Occupation RETIRED Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00			Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 22 / 2016 <b>Transaction ID : SA17.354435</b> Amount of Each Receipt this Period 495.00 <input type="checkbox"/> Memo Item CONTRIBUTION NON CONTRIBUTION ACCOUNT
<b>C. LYN JOHNSON</b> Full Name (Last, First, Middle Initial) Mailing Address 1970 EMERALD DR. City CUMMING State GA Zip Code 30040-3532 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer ADP Occupation DESIGN ENGINEER Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00			Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 08 / 2016 <b>Transaction ID : SA17.341086</b> Amount of Each Receipt this Period 25.00 <input type="checkbox"/> Memo Item CONTRIBUTION NON CONTRIBUTION ACCOUNT
<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶			525.00
<b>TOTAL</b> This Period (last page this line number only)..... ▶			

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. LYN JOHNSON**

Mailing Address 1970 EMERALD DR.

City State Zip Code  
 CUMMING GA 30040-3532

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

ADP

Occupation

DESIGN ENGINEER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

**06** / **04** / **2016**

**Transaction ID : SA17.345003**

Amount of Each Receipt this Period

50.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**B. LYN JOHNSON**

Mailing Address 1970 EMERALD DR.

City State Zip Code  
 CUMMING GA 30040-3532

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

ADP

Occupation

DESIGN ENGINEER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

**06** / **13** / **2016**

**Transaction ID : SA17.349824**

Amount of Each Receipt this Period

5.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT; EARMARKED  
CONTRIBUTION FOR DONALD J TRUMP FOR  
PRESIDENT, INC. COMMITTEE ID

Full Name (Last, First, Middle Initial)

**C. LYN JOHNSON**

Mailing Address 1970 EMERALD DR.

City State Zip Code  
 CUMMING GA 30040-3532

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

ADP

Occupation

DESIGN ENGINEER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

**06** / **13** / **2016**

**Transaction ID : SA17.352639**

Amount of Each Receipt this Period

20.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

75.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial) <b>A. ROLAND JOHNSON</b>			Date of Receipt <div> <div>M M / D D / Y Y Y Y Y Y</div> <div>06 / 02 / 2016</div> </div>
Mailing Address 4156 KIRKALDY DR. 4156 KIRKALDY DR.			Transaction ID : <b>SA17.344932</b>
City PALM HARBOR	State FL	Zip Code 34685-1056	Amount of Each Receipt this Period <div> <div>50.00</div> </div>
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item CONTRIBUTION	
Name of Employer RETIRED	Occupation RETIRED	NON CONTRIBUTION ACCOUNT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <div> <div>250.00</div> </div>		

Full Name (Last, First, Middle Initial) <b>B. ROLAND JOHNSON</b>			Date of Receipt <div> <div>M M / D D / Y Y Y Y Y Y</div> <div>06 / 23 / 2016</div> </div>
Mailing Address 4156 KIRKALDY DR. 4156 KIRKALDY DR.			Transaction ID : <b>SA17.346109</b>
City PALM HARBOR	State FL	Zip Code 34685-1056	Amount of Each Receipt this Period <div> <div>50.00</div> </div>
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item CONTRIBUTION	
Name of Employer RETIRED	Occupation RETIRED	NON CONTRIBUTION ACCOUNT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <div> <div>250.00</div> </div>		

Full Name (Last, First, Middle Initial) <b>C. ROLAND JOHNSON</b>			Date of Receipt <div> <div>M M / D D / Y Y Y Y Y Y</div> <div>06 / 29 / 2016</div> </div>
Mailing Address 4156 KIRKALDY DR. 4156 KIRKALDY DR.			Transaction ID : <b>SA17.348156</b>
City PALM HARBOR	State FL	Zip Code 34685-1056	Amount of Each Receipt this Period <div> <div>100.00</div> </div>
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item CONTRIBUTION	
Name of Employer RETIRED	Occupation RETIRED	NON CONTRIBUTION ACCOUNT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <div> <div>250.00</div> </div>		

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

200.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
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(check only one)

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<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**Full Name (Last, First, Middle Initial)  
**A. JUDITH JONES**

Mailing Address 7 HIGH POINT ROAD

City	State	Zip Code
EAST HAMPTON	NY	11937-

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
06	/	16	/	2016

Transaction ID : SA17.342102

Amount of Each Receipt this Period

25.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

Mailing Address 2099 MERCER MILL ROAD

City	State	Zip Code
LUMBERTON	NC	28358-

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF

Occupation

SELF EMPLOYED OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
06	/	30	/	2016

Transaction ID : SA17.348237

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)  
**C. MCARTHUR JONES**

Mailing Address 2099 MERCER MILL ROAD

City	State	Zip Code
LUMBERTON	NC	28358-

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF

Occupation

SELF EMPLOYED OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
06	/	16	/	2016

Transaction ID : SA17.348616

Amount of Each Receipt this Period

500.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

625.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

<b>A. RONALD JONES</b> Full Name (Last, First, Middle Initial) Mailing Address 11161 PEPPERMILL LANE City FISHERS State IN Zip Code 46037-9082 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer RETIRED Occupation RETIRED Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 275.00			Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 01 / 2016 <b>Transaction ID : SA17.340439</b> Amount of Each Receipt this Period 25.00 <input type="checkbox"/> Memo Item CONTRIBUTION NON CONTRIBUTION ACCOUNT
<b>B. RONALD JONES</b> Full Name (Last, First, Middle Initial) Mailing Address 11161 PEPPERMILL LANE City FISHERS State IN Zip Code 46037-9082 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer RETIRED Occupation RETIRED Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 275.00			Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 16 / 2016 <b>Transaction ID : SA17.342018</b> Amount of Each Receipt this Period 25.00 <input type="checkbox"/> Memo Item CONTRIBUTION NON CONTRIBUTION ACCOUNT
<b>C. ROBERTA T. JORDAN</b> Full Name (Last, First, Middle Initial) Mailing Address P O BOX 567 / 50 OLD SELMA ROAD City PINE HILL State AL Zip Code 36769- FEC ID number of contributing federal political committee. <b>C</b> Name of Employer RETIRED Occupation RETIRED Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00			Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 22 / 2016 <b>Transaction ID : SA17.348485</b> Amount of Each Receipt this Period 250.00 <input type="checkbox"/> Memo Item CONTRIBUTION NON CONTRIBUTION ACCOUNT
<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶			300.00
<b>TOTAL</b> This Period (last page this line number only)..... ▶			

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 462 OF 2173  
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. BILLY JUMPER**

Mailing Address 14006 WOODTHORPE LN.

City	State	Zip Code
HOUSTON	TX	77079-

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	02	/	2016

Transaction ID : SA17.344954

Amount of Each Receipt this Period

50.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**B. ERIC JUNGER**Mailing Address 4400 LINDELL BLVD  
5 H

City	State	Zip Code
SAINT LOUIS	MO	63108-2452

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	08	/	2016

Transaction ID : SA17.347009

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**C. RALPH JUSTEN**

Mailing Address 653 SAWYER DRIVE

City	State	Zip Code
SUMMERLAND KEY	FL	33042-

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	23	/	2016

Transaction ID : SA17.348507

Amount of Each Receipt this Period

250.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

400.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

## **A. ROBERT KAIN**

Mailing Address 5006 LODENBERRY CT

City State Zip Code  
KATY TX 77494-4674

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 09 / 2016

Transaction ID : SA17.347046

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

## **B. ROBERT KAIN**

Mailing Address 5006 LODENBERRY CT

City State Zip Code  
KATY TX 77494-4674

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 20 / 2016

Transaction ID : SA17.347468

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

## **C. JOHN KAKAVOULIS**

Mailing Address 174 SUMMER ST.  
1

City State Zip Code  
SOMERVILLE MA 02143-

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 21 / 2016

Transaction ID : SA17.348484

Amount of Each Receipt this Period

250.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

450.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

## **A. PAUL KARP**

Mailing Address 1500 LANCEWOOD TERRACE

City State Zip Code  
 PALM CITY FL 34990-

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 02 / 2016

Transaction ID : SA17.348372

Amount of Each Receipt this Period

250.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

## **B. WILLIAM KASZTON**

Mailing Address 41 VAN GOGH WAY

City State Zip Code  
 TRABUCO CANYON CA 92679-8503

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 29 / 2016

Transaction ID : SA17.348169

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

## **C. ANNE KEARNEY**

Mailing Address 2069 REXFORD WAY

City State Zip Code  
 SAN JOSE CA 95128-2736

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF

Occupation

WRITER/EDITOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 02 / 2016

Transaction ID : SA17.344953

Amount of Each Receipt this Period

50.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

400.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
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 (check only one)

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<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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 NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. ROBERT KEEFE**
 Mailing Address 1301 SARASOTA CENTER BLVD  
 NA

City	State	Zip Code
SARASOTA	FL	34240-

 FEC ID number of contributing  
 federal political committee.

Name of Employer

SELF

Occupation

SECURITY ALARMS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	28	/	2016

**Transaction ID : SA17.348545**

Amount of Each Receipt this Period

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**B. CORNELIUS KEIGHRAN**

Mailing Address 1564 COLUMBUS AVENUE

City	State	Zip Code
BURLINGAME	CA	94010-

 FEC ID number of contributing  
 federal political committee.

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	27	/	2016

**Transaction ID : SA17.348529**

Amount of Each Receipt this Period

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**C. FRANK KEKEISEN**

Mailing Address 12028 WESHILL COURT

City	State	Zip Code
MARYLAND HEIGHTS	MO	63043-4131

 FEC ID number of contributing  
 federal political committee.

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	08	/	2016

**Transaction ID : SA17.345121**

Amount of Each Receipt this Period

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

## **A. JEROME KELLER**

Mailing Address 626 THOMAS JEFFERSON RD

City State Zip Code  
WAYNE PA 19087-1028

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 13 / 2016

Transaction ID : SA17.349738

Amount of Each Receipt this Period

5.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT; EARMARKED  
CONTRIBUTION FOR DONALD J TRUMP FOR  
PRESIDENT, INC. COMMITTEE ID

Full Name (Last, First, Middle Initial)

## **B. JEROME KELLER**

Mailing Address 626 THOMAS JEFFERSON RD

City State Zip Code  
WAYNE PA 19087-1028

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 13 / 2016

Transaction ID : SA17.354431

Amount of Each Receipt this Period

495.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

## **C. JEROME KELLER**

Mailing Address 626 THOMAS JEFFERSON RD

City State Zip Code  
WAYNE PA 19087-1028

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 13 / 2016

Transaction ID : SA17.355312

Amount of Each Receipt this Period

500.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1000.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

<b>A. JOHN KELLY</b> Full Name (Last, First, Middle Initial) Mailing Address 1615 CORTLEIGH DRIVE City NEW PORT RICHEY State FL Zip Code 34655- FEC ID number of contributing federal political committee. <b>C</b> Name of Employer VA BAY PINES, FL. Occupation M.D. Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00			Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 21 / 2016 <b>Transaction ID : SA17.348482</b> Amount of Each Receipt this Period 250.00 <input type="checkbox"/> Memo Item CONTRIBUTION NON CONTRIBUTION ACCOUNT
<b>B. JOHNNY KELM</b> Full Name (Last, First, Middle Initial) Mailing Address P.O. BOX 293 City THRALL State TX Zip Code 76578-0293 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer RETIRED Occupation RETIRED Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 225.00			Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 09 / 2016 <b>Transaction ID : SA17.341309</b> Amount of Each Receipt this Period 25.00 <input type="checkbox"/> Memo Item CONTRIBUTION NON CONTRIBUTION ACCOUNT
<b>C. JOHNNY KELM</b> Full Name (Last, First, Middle Initial) Mailing Address P.O. BOX 293 City THRALL State TX Zip Code 76578-0293 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer RETIRED Occupation RETIRED Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 225.00			Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 29 / 2016 <b>Transaction ID : SA17.346520</b> Amount of Each Receipt this Period 50.00 <input type="checkbox"/> Memo Item CONTRIBUTION NON CONTRIBUTION ACCOUNT
<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶			325.00
<b>TOTAL</b> This Period (last page this line number only)..... ▶			

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
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<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. JOHNNY KELM**

Mailing Address P.O. BOX 293

City  
THRALLState  
TXZip Code  
76578-0293FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
06	/	22	/	2016

Transaction ID : SA17.350170

Amount of Each Receipt this Period

5.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT; EARMARKED  
CONTRIBUTION FOR DONALD J TRUMP FOR  
PRESIDENT, INC. COMMITTEE ID

Full Name (Last, First, Middle Initial)

**B. JOHNNY KELM**

Mailing Address P.O. BOX 293

City  
THRALLState  
TXZip Code  
76578-0293FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
06	/	22	/	2016

Transaction ID : SA17.353771

Amount of Each Receipt this Period

45.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**C. ALMA O. KERN**Mailing Address 14431 REDMOND WAY  
304City  
REDMONDState  
WAZip Code  
98052-4245FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
06	/	03	/	2016

Transaction ID : SA17.346879

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

150.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. ALMA O. KERN**

Mailing Address 14431 REDMOND WAY  
 304

City State Zip Code  
 REDMOND WA 98052-4245

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

**06 / 06 / 2016**

**Transaction ID : SA17.346925**

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**B. ERIC KIESSHAUER**

Mailing Address 3863 RIDGE GROVE WAY

City State Zip Code  
 SUWANEE GA 30024-4524

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

CCCG

Occupation

BUSINESS OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

**06 / 30 / 2016**

**Transaction ID : SA17.348359**

Amount of Each Receipt this Period

200.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**C. EDWIN KILBURN**

Mailing Address 28306 N. 114TH PL.

City State Zip Code  
 SCOTTSDALE AZ 85262-4723

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

**06 / 23 / 2016**

**Transaction ID : SA17.351160**

Amount of Each Receipt this Period

5.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT; EARMARKED  
CONTRIBUTION FOR DONALD J TRUMP FOR  
PRESIDENT, INC. COMMITTEE ID

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

305.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

## **A. EDWIN KILBURN**

Mailing Address 28306 N. 114TH PL.

City State Zip Code  
 SCOTTSDALE AZ 85262-4723

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 23 / 2016

Transaction ID : SA17.354407

Amount of Each Receipt this Period

245.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

## **B. CHERYL KILGORE**

Mailing Address 12904 BAY PLANTATION DRIVE

City State Zip Code  
 JACKSONVILLE FL 32223-0784

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2016

Transaction ID : SA17.348222

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

## **C. SCOTT KINCAID**

Mailing Address 3935 N BRIARCLIFF ROAD

City State Zip Code  
 KANSAS CITY MO 64116-

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 03 / 2016

Transaction ID : SA17.348967

Amount of Each Receipt this Period

5.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT; EARMARKED  
CONTRIBUTION FOR DONALD J TRUMP FOR  
PRESIDENT, INC. COMMITTEE ID

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

350.00

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

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for each category of the  
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(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17
------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	--

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. SCOTT KINCAID**

Mailing Address 3935 N BRIARCLIFF ROAD

City	State	Zip Code
KANSAS CITY	MO	64116-

FEC ID number of contributing federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
06				03			2016					

Transaction ID : SA17.354036

Amount of Each Receipt this Period

95.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**B. JAMES & LILLIAN KING**

Mailing Address 5401 MOUNTAIN CEDAR COVE

City	State	Zip Code
AUSTIN	TX	78731-

FEC ID number of contributing federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
06				22			2016					

Transaction ID : SA17.350679

Amount of Each Receipt this Period

5.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT; EARMARKED CONTRIBUTION FOR DONALD J TRUMP FOR PRESIDENT, INC. COMMITTEE ID

Full Name (Last, First, Middle Initial)

**C. JAMES & LILLIAN KING**

Mailing Address 5401 MOUNTAIN CEDAR COVE

City	State	Zip Code
AUSTIN	TX	78731-

FEC ID number of contributing federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
06				22			2016					

Transaction ID : SA17.354398

Amount of Each Receipt this Period

245.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

345.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

<p>Full Name (Last, First, Middle Initial) <b>A. JAMES &amp; LILLIAN KING</b></p> <p>Mailing Address <b>5401 MOUNTAIN CEDAR COVE</b></p> <p>City <b>AUSTIN</b> State <b>TX</b> Zip Code <b>78731-</b></p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer <b>RETIRED</b> Occupation <b>RETIRED</b></p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼         </p> <p>Aggregate Year-to-Date ▼ <b>255.00</b></p>			<p>Date of Receipt  <b>06 / 14 / 2016</b>  <b>Transaction ID : SA17.354904</b> </p> <p>Amount of Each Receipt this Period  <b>5.00</b> </p> <p><input type="checkbox"/> Memo Item CONTRIBUTION</p> <p>NON CONTRIBUTION ACCOUNT; EARMARKED CONTRIBUTION FOR DONALD J TRUMP FOR PRESIDENT, INC. COMMITTEE ID</p>		
<p>Full Name (Last, First, Middle Initial) <b>B. WILLIAM KING</b></p> <p>Mailing Address <b>9724 KINGSTON PIKE 406</b></p> <p>City <b>KNOXVILLE</b> State <b>TN</b> Zip Code <b>37922-</b></p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer <b>ABA</b> Occupation <b>CPA</b></p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼         </p> <p>Aggregate Year-to-Date ▼ <b>250.00</b></p>			<p>Date of Receipt  <b>06 / 22 / 2016</b>  <b>Transaction ID : SA17.350185</b> </p> <p>Amount of Each Receipt this Period  <b>5.00</b> </p> <p><input type="checkbox"/> Memo Item CONTRIBUTION</p> <p>NON CONTRIBUTION ACCOUNT; EARMARKED CONTRIBUTION FOR DONALD J TRUMP FOR PRESIDENT, INC. COMMITTEE ID</p>		
<p>Full Name (Last, First, Middle Initial) <b>C. WILLIAM KING</b></p> <p>Mailing Address <b>9724 KINGSTON PIKE 406</b></p> <p>City <b>KNOXVILLE</b> State <b>TN</b> Zip Code <b>37922-</b></p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer <b>ABA</b> Occupation <b>CPA</b></p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼         </p> <p>Aggregate Year-to-Date ▼ <b>250.00</b></p>			<p>Date of Receipt  <b>06 / 22 / 2016</b>  <b>Transaction ID : SA17.354186</b> </p> <p>Amount of Each Receipt this Period  <b>95.00</b> </p> <p><input type="checkbox"/> Memo Item CONTRIBUTION</p> <p>NON CONTRIBUTION ACCOUNT</p>		
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>			<p><b>105.00</b></p>		
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>			<p></p>		



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial) <b>A. STUART KIRSHNER</b>			Date of Receipt <div> <div>MM / DD / YYYY</div> <div>06 / 19 / 2016</div> </div>	
Mailing Address <b>22 VAN GOGH</b>			<b>Transaction ID : SA17.348579</b>	
City <b>SUFFERN</b>	State <b>NY</b>	Zip Code <b>10901-</b>	Amount of Each Receipt this Period <div> <div>300.00</div> </div>	
FEC ID number of contributing federal political committee. <div> <div>C</div> </div>			<input type="checkbox"/> Memo Item CONTRIBUTION	
Name of Employer <b>RETIRED</b>		Occupation <b>RETIRED</b>	NON CONTRIBUTION ACCOUNT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <div> <div>300.00</div> </div>		

Full Name (Last, First, Middle Initial) <b>B. RANDY KITE</b>			Date of Receipt <div> <div>MM / DD / YYYY</div> <div>06 / 27 / 2016</div> </div>	
Mailing Address <b>10662 WOLFF WAY</b>			<b>Transaction ID : SA17.348337</b>	
City <b>WESTMINSTER</b>	State <b>CO</b>	Zip Code <b>80031-1977</b>	Amount of Each Receipt this Period <div> <div>150.00</div> </div>	
FEC ID number of contributing federal political committee. <div> <div>C</div> </div>			<input type="checkbox"/> Memo Item CONTRIBUTION	
Name of Employer <b>IDG &amp; ASSOC., P.C.</b>		Occupation <b>CPA</b>	NON CONTRIBUTION ACCOUNT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <div> <div>400.00</div> </div>		

Full Name (Last, First, Middle Initial) <b>C. HUGH KLODZINSKI</b>			Date of Receipt <div> <div>MM / DD / YYYY</div> <div>06 / 25 / 2016</div> </div>	
Mailing Address <b>213 SODA LOOP W</b>			<b>Transaction ID : SA17.334058</b>	
City <b>LIVINGSTON</b>	State <b>TX</b>	Zip Code <b>77351-</b>	Amount of Each Receipt this Period <div> <div>500.00</div> </div>	
FEC ID number of contributing federal political committee. <div> <div>C</div> </div>			<input type="checkbox"/> Memo Item CONTRIBUTION	
Name of Employer <b>N/A</b>		Occupation <b>RETIRED</b>	NON CONTRIBUTION ACCOUNT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <div> <div>500.00</div> </div>		

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

950.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial) <b>A. ALZADA KNICKERBOCKER</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 09 / 2016 <b>Transaction ID : SA17.347072</b>	
Mailing Address 3103 WOODS CIRCLE		Amount of Each Receipt this Period 100.00	
City DAVIS	State CA	Zip Code 95616-2685	<input type="checkbox"/> Memo Item <b>CONTRIBUTION</b>
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 410.00	
Name of Employer SELF		Occupation RETAIL	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		NON CONTRIBUTION ACCOUNT	
Full Name (Last, First, Middle Initial) <b>B. ALZADA KNICKERBOCKER</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 11 / 2016 <b>Transaction ID : SA17.349375</b>	
Mailing Address 3103 WOODS CIRCLE		Amount of Each Receipt this Period 5.00	
City DAVIS	State CA	Zip Code 95616-2685	<input type="checkbox"/> Memo Item <b>CONTRIBUTION</b>
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 410.00	
Name of Employer SELF		Occupation RETAIL	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		NON CONTRIBUTION ACCOUNT; EARMARKED CONTRIBUTION FOR DONALD J TRUMP FOR PRESIDENT, INC. COMMITTEE ID	
Full Name (Last, First, Middle Initial) <b>C. ALZADA KNICKERBOCKER</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 11 / 2016 <b>Transaction ID : SA17.354091</b>	
Mailing Address 3103 WOODS CIRCLE		Amount of Each Receipt this Period 95.00	
City DAVIS	State CA	Zip Code 95616-2685	<input type="checkbox"/> Memo Item <b>CONTRIBUTION</b>
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 410.00	
Name of Employer SELF		Occupation RETAIL	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		NON CONTRIBUTION ACCOUNT	
<b>SUBTOTAL</b> of Receipts This Page (optional).....		200.00	
<b>TOTAL</b> This Period (last page this line number only).....			

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

<p>Full Name (Last, First, Middle Initial)  <b>A. TERRY KNOTT</b></p> <p>Mailing Address <b>4014 E LAVENDER LN</b></p> <p>City <b>PHOENIX</b> State <b>AZ</b> Zip Code <b>85044-4640</b></p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer <b>RETIRED</b> Occupation <b>RETIRED</b></p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  <b>1000.00</b></p>			<p>Date of Receipt  <b>06 / 09 / 2016</b>  <b>Transaction ID : SA17.348407</b></p> <p>Amount of Each Receipt this Period  <b>250.00</b></p> <p><input type="checkbox"/> Memo Item  <b>CONTRIBUTION</b></p> <p><b>NON CONTRIBUTION ACCOUNT</b></p>	
<p>Full Name (Last, First, Middle Initial)  <b>B. TERRY KNOTT</b></p> <p>Mailing Address <b>4014 E LAVENDER LN</b></p> <p>City <b>PHOENIX</b> State <b>AZ</b> Zip Code <b>85044-4640</b></p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer <b>RETIRED</b> Occupation <b>RETIRED</b></p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  <b>1000.00</b></p>			<p>Date of Receipt  <b>06 / 21 / 2016</b>  <b>Transaction ID : SA17.348464</b></p> <p>Amount of Each Receipt this Period  <b>250.00</b></p> <p><input type="checkbox"/> Memo Item  <b>CONTRIBUTION</b></p> <p><b>NON CONTRIBUTION ACCOUNT</b></p>	
<p>Full Name (Last, First, Middle Initial)  <b>C. TERRY KNOTT</b></p> <p>Mailing Address <b>4014 E LAVENDER LN</b></p> <p>City <b>PHOENIX</b> State <b>AZ</b> Zip Code <b>85044-4640</b></p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer <b>RETIRED</b> Occupation <b>RETIRED</b></p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  <b>1000.00</b></p>			<p>Date of Receipt  <b>06 / 27 / 2016</b>  <b>Transaction ID : SA17.348537</b></p> <p>Amount of Each Receipt this Period  <b>250.00</b></p> <p><input type="checkbox"/> Memo Item  <b>CONTRIBUTION</b></p> <p><b>NON CONTRIBUTION ACCOUNT</b></p>	
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>			<p><b>750.00</b></p>	
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>			<p></p>	

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)  
**A. DR. CALVIN H KNOWLTON**  
 Mailing Address 628 WINDSOCK WAY

City State Zip Code  
 MOORESTOWN NJ 08057-

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 TABULA RASA HEALTHCARE

Occupation  
 CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

**06 / 22 / 2016**

**Transaction ID : SA17.350514**

Amount of Each Receipt this Period

5.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT; EARMARKED  
CONTRIBUTION FOR DONALD J TRUMP FOR  
PRESIDENT, INC. COMMITTEE ID

Full Name (Last, First, Middle Initial)  
**B. DR. CALVIN H KNOWLTON**  
 Mailing Address 628 WINDSOCK WAY

City State Zip Code  
 MOORESTOWN NJ 08057-

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 TABULA RASA HEALTHCARE

Occupation  
 CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

**06 / 22 / 2016**

**Transaction ID : SA17.354422**

Amount of Each Receipt this Period

495.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)  
**C. JERRY KNUEPPEL**  
 Mailing Address 5305 RIDGE RD.

City State Zip Code  
 JACKSONVILLE AR 72076-

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 RETIRED

Occupation  
 RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

**06 / 02 / 2016**

**Transaction ID : SA17.346848**

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

600.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. JERRY KNUEPPEL**

Mailing Address 5305 RIDGE RD.

City  
**JACKSONVILLE**

State Zip Code  
**AR 72076-**

FEC ID number of contributing  
 federal political committee.

**C**

Name of Employer

**RETIRED**

Occupation

**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

**06 / 16 / 2016**

**Transaction ID : SA17.347301**

Amount of Each Receipt this Period

100.00

☐ Memo Item**CONTRIBUTION****NON CONTRIBUTION ACCOUNT**

Full Name (Last, First, Middle Initial)

**B. E AARON KOELSCH**

Mailing Address 4904 KEATING ROAD NW

City  
**OLYMPIA**

State Zip Code  
**WA 98502-**

FEC ID number of contributing  
 federal political committee.

**C**

Name of Employer

**KOELSCH SENIOR COMMUNITIES**

Occupation

**OWNER**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

**06 / 23 / 2016**

**Transaction ID : SA17.348504**

Amount of Each Receipt this Period

250.00

☐ Memo Item**CONTRIBUTION****NON CONTRIBUTION ACCOUNT**

Full Name (Last, First, Middle Initial)

**C. B KOETHER**

Mailing Address 757 SE 17TH STREET  
 STE 1074

City  
**FORT LAUDERDALE**

State Zip Code  
**FL 33316-2960**

FEC ID number of contributing  
 federal political committee.

**C**

Name of Employer

**RETIRED**

Occupation

**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

**06 / 01 / 2016**

**Transaction ID : SA17.346809**

Amount of Each Receipt this Period

100.00

☐ Memo Item**CONTRIBUTION****NON CONTRIBUTION ACCOUNT**

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

450.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. RICHARD KORPAN**

Mailing Address 31483 MORNING STAR DR.

City State Zip Code  
EVERGREEN CO 80439-

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 26 / 2016

Transaction ID : SA17.351446

Amount of Each Receipt this Period

5.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT; EARMARKED  
CONTRIBUTION FOR DONALD J TRUMP FOR  
PRESIDENT, INC. COMMITTEE ID

Full Name (Last, First, Middle Initial)

**B. RICHARD KORPAN**

Mailing Address 31483 MORNING STAR DR.

City State Zip Code  
EVERGREEN CO 80439-

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 26 / 2016

Transaction ID : SA17.354445

Amount of Each Receipt this Period

495.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**C. FRANK KREJCI**

Mailing Address 629 LESTER RD

City State Zip Code  
KNOXVILLE TN 37920-

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 21 / 2016

Transaction ID : SA17.348476

Amount of Each Receipt this Period

250.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

750.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

## **A. DAVID KRIEGEL**

Mailing Address 7600 US ROUTE 127 NORTH  
P O BOX 752

City State Zip Code  
VAN WERT OH 45891-

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
KRIEGEL HOLDING COMPANY, INC.

Occupation  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 03 / 2016

Transaction ID : SA17.348380

Amount of Each Receipt this Period

250.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

## **B. ROBERT KROESSER**

Mailing Address 3547 SIR WILFRED PL

City State Zip Code  
VIRGINIA BEACH VA 23452-4644

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 02 / 2016

Transaction ID : SA17.344860

Amount of Each Receipt this Period

40.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

## **C. ROBERT KROESSER**

Mailing Address 3547 SIR WILFRED PL

City State Zip Code  
VIRGINIA BEACH VA 23452-4644

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 10 / 2016

Transaction ID : SA17.344864

Amount of Each Receipt this Period

40.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

330.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 480 OF 2173

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17
------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	--

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. ROBERT KROESSER**

Mailing Address 3547 SIR WILFRED PL

City	State	Zip Code
VIRGINIA BEACH	VA	23452-4644

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
06	/	15	/	2016

Transaction ID : SA17.344866

Amount of Each Receipt this Period

40.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**B. JAMES LADESIC**

Mailing Address P.O. BOX 1406

City	State	Zip Code
DAYTONA BEACH	FL	32115-

FEC ID number of contributing  
federal political committee.

C

Name of Employer

EMBRY RIDDLE UNIV

Occupation

COLLEGE PROFESSOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
06	/	22	/	2016

Transaction ID : SA17.348494

Amount of Each Receipt this Period

250.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**C. JOHN LAKSO**

Mailing Address 10702 E ACAMPO RD

City	State	Zip Code
ACAMPO	CA	95220-

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GREAT AMERICA PAC

Occupation

FARMER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
06	/	01	/	2016

Transaction ID : SA17.348588

Amount of Each Receipt this Period

500.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

790.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial) <b>A. STEPHEN LAMBERT</b>			Date of Receipt <div> <div>MM / DD / YYYY</div> <div>06 / 26 / 2016</div> </div>	
Mailing Address 3138 SHAWNEE DR.			<b>Transaction ID : SA17.348660</b>	
City SUGAR LAND	State TX	Zip Code 77479-1648	Amount of Each Receipt this Period <div> <div>Amount</div> <div>500.00</div> </div>	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item CONTRIBUTION		
Name of Employer RETIRED		Occupation RETIRED		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <div> <div>Amount</div> <div>1500.00</div> </div>		
			NON CONTRIBUTION ACCOUNT	

Full Name (Last, First, Middle Initial) <b>B. STEPHEN LAMBERT</b>			Date of Receipt <div> <div>MM / DD / YYYY</div> <div>06 / 28 / 2016</div> </div>	
Mailing Address 3138 SHAWNEE DR.			<b>Transaction ID : SA17.348673</b>	
City SUGAR LAND	State TX	Zip Code 77479-1648	Amount of Each Receipt this Period <div> <div>Amount</div> <div>500.00</div> </div>	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item CONTRIBUTION		
Name of Employer RETIRED		Occupation RETIRED		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <div> <div>Amount</div> <div>1500.00</div> </div>		
			NON CONTRIBUTION ACCOUNT	

Full Name (Last, First, Middle Initial) <b>C. ALEXIS LAMOTHE</b>			Date of Receipt <div> <div>MM / DD / YYYY</div> <div>06 / 07 / 2016</div> </div>	
Mailing Address 13111 IRWIN WAY			<b>Transaction ID : SA17.348385</b>	
City CARMEL	State IN	Zip Code 46032-9790	Amount of Each Receipt this Period <div> <div>Amount</div> <div>250.00</div> </div>	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item CONTRIBUTION		
Name of Employer SELF		Occupation INVESTOR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <div> <div>Amount</div> <div>275.00</div> </div>		
			NON CONTRIBUTION ACCOUNT	

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1250.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

## **A. GRACE LANDES**

Mailing Address 4707 S LAKEWOOD DRIVE

City State Zip Code  
 SAINT JOSEPH MO 64506-

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 26 / 2016

Transaction ID : SA17.348525

Amount of Each Receipt this Period

250.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

## **B. JOHN LANDRUM**

Mailing Address 2405 BRAZORIA STREET

City State Zip Code  
 HOUSTON TX 77019-6021

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AMG CAPITAL

Occupation

REAL ESTATE INVESTMENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 07 / 2016

Transaction ID : SA17.348386

Amount of Each Receipt this Period

250.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

## **C. STAN LANE**

Mailing Address 37EGRET TRAIL

City State Zip Code  
 CAPE MAY COURT HOU NJ 08210-

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 08 / 2016

Transaction ID : SA17.348396

Amount of Each Receipt this Period

250.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

750.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

## **A. JAMES LANTING**

Mailing Address 5999 HILLSBOROUGH CT.

City State Zip Code  
 GRANDVILLE MI 49418-3236

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 13 / 2016

Transaction ID : SA17.349752

Amount of Each Receipt this Period

5.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT; EARMARKED  
CONTRIBUTION FOR DONALD J TRUMP FOR  
PRESIDENT, INC. COMMITTEE ID

Full Name (Last, First, Middle Initial)

## **B. JAMES LANTING**

Mailing Address 5999 HILLSBOROUGH CT.

City State Zip Code  
 GRANDVILLE MI 49418-3236

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 13 / 2016

Transaction ID : SA17.354138

Amount of Each Receipt this Period

95.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

## **C. KURT LARSEN**

Mailing Address 1559 E TOMAHAWK DRIVE

City State Zip Code  
 SALT LAKE CITY UT 84103-

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RESOURCE MANAGEMENT, INC.

Occupation

BUSINESS OWNER/EXECUTIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 29 / 2016

Transaction ID : SA17.348675

Amount of Each Receipt this Period

500.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

600.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. LOIS J LARSON**

Mailing Address 13509 YORK AVE. S.

City  
BURNSVILLEState  
MNZip Code  
55337-1844FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

Transaction ID : SA17.341207

Amount of Each Receipt this Period

25.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**B. LOIS J LARSON**

Mailing Address 13509 YORK AVE. S.

City  
BURNSVILLEState  
MNZip Code  
55337-1844FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		22		2016

Transaction ID : SA17.343399

Amount of Each Receipt this Period

25.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**C. LOIS J LARSON**

Mailing Address 13509 YORK AVE. S.

City  
BURNSVILLEState  
MNZip Code  
55337-1844FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		27		2016

Transaction ID : SA17.344000

Amount of Each Receipt this Period

25.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

75.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
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(check only one)

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<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. LOIS J LARSON**

Mailing Address 13509 YORK AVE. S.

City  
BURNSVILLEState  
MNZip Code  
55337-1844FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2016

Transaction ID : SA17.348310

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**B. PAULINE LARUE**

Mailing Address 6141 BANYAN CIRCLE

City  
ORANGE PARKState  
FLZip Code  
32003-FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2016

Transaction ID : SA17.348569

Amount of Each Receipt this Period

250.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**C. ALAN LASCHIVER**

Mailing Address 1400 S. ALTA STREET

City  
GONZALESState  
CAZip Code  
93926-FEC ID number of contributing  
federal political committee.

C

Name of Employer

BRYAN EQUIPMENT CO

Occupation

SALES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	22	/	2016

Transaction ID : SA17.348489

Amount of Each Receipt this Period

250.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

600.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
(check only one)

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☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)  
**A. TOBIAS LATHAM**

Mailing Address **6009 E. 106TH STREET**

City State Zip Code  
**TULSA OK 74137-**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**GBR PROPERTIES, INC.**

Occupation  
**REAL ESTATE**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**2500.00**

Date of Receipt

**06 / 08 / 2016**

**Transaction ID : SA17.348760**

Amount of Each Receipt this Period

**2500.00**

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)  
**B. MARLA LAVANTURE**

Mailing Address **P.O. BOX 10**

City State Zip Code  
**BRISTOL IN 46507-**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**500.00**

Date of Receipt

**06 / 24 / 2016**

**Transaction ID : SA17.348653**

Amount of Each Receipt this Period

**500.00**

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)  
**C. JOHN LAWLOR**

Mailing Address **1067 GYPSY HILL ROAD**

City State Zip Code  
**AMBLER PA 19002-**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**KEYSTONE FIRE PROTECTION CO.**

Occupation  
**SELF EMPLOYED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**250.00**

Date of Receipt

**06 / 22 / 2016**

**Transaction ID : SA17.350288**

Amount of Each Receipt this Period

**5.00**

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT; EARMARKED  
CONTRIBUTION FOR DONALD J TRUMP FOR  
PRESIDENT, INC. COMMITTEE ID

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

**3005.00**

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 487 OF 2173

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. JOHN LAWLOR**

Mailing Address 1067 GYPSY HILL ROAD

City	State	Zip Code
AMBLER	PA	19002-

FEC ID number of contributing federal political committee.

C

Name of Employer  
 KEYSTONE FIRE PROTECTION CO.

Occupation  
 SELF EMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
06				22			2016					

Transaction ID : SA17.354392

Amount of Each Receipt this Period

245.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**B. MARILYN LAWSON**

Mailing Address 13178 N REFLECTION RIDGE DR.

City	State	Zip Code
ORO VALLEY	AZ	85755-

FEC ID number of contributing federal political committee.

C

Name of Employer  
 RETIRED

Occupation  
 RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
06				20			2016					

Transaction ID : SA17.348457

Amount of Each Receipt this Period

250.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**C. EVA LAYTON**

Mailing Address 809 BUNKER HILL DRIVE  
 809 BUNKER HILL DRIVE

City	State	Zip Code
CARSON CITY	NV	89703-

FEC ID number of contributing federal political committee.

C

Name of Employer  
 RETIRED

Occupation  
 RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
06				02			2016					

Transaction ID : SA17.344922

Amount of Each Receipt this Period

50.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

545.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
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(check only one)

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<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17
------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	--

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. EVA LAYTON**Mailing Address 809 BUNKER HILL DRIVE  
809 BUNKER HILL DRIVECity State Zip Code  
CARSON CITY NV 89703-FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 03 / 2016

Transaction ID : SA17.344971

Amount of Each Receipt this Period

50.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**B. ANTHONY LAZZARO**

Mailing Address 55 NEANDA STREET

City State Zip Code  
NEW BRITAIN CT 06053-2222FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 02 / 2016

Transaction ID : SA17.348866

Amount of Each Receipt this Period

5.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT; EARMARKED  
CONTRIBUTION FOR DONALD J TRUMP FOR  
PRESIDENT, INC. COMMITTEE ID

Full Name (Last, First, Middle Initial)

**C. ANTHONY LAZZARO**

Mailing Address 55 NEANDA STREET

City State Zip Code  
NEW BRITAIN CT 06053-2222FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 02 / 2016

Transaction ID : SA17.354024

Amount of Each Receipt this Period

95.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

150.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 489 OF 2173

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. ROBERT LEAHY**

Mailing Address 622 JASMINE LA

City	State	Zip Code
SUNSET BEACH	NC	28468-5317

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	23	/	2016

Transaction ID : SA17.334022

Amount of Each Receipt this Period

50.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**B. DOUGLAS LEBDA**

Mailing Address 11115 RUSHMORE DR

City	State	Zip Code
CHARLOTTE	NC	28277-

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED PER BEST  
EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFF

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2016

Transaction ID : SA17.355437

Amount of Each Receipt this Period

100000.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**C. CATHERINE LEE**

Mailing Address 4310 JOE MILLER RD

City	State	Zip Code
MALAGA	WA	98828-9760

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AMG AKUMINUM

Occupation

MDINISTRATIVE ASSIST.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	28	/	2016

Transaction ID : SA17.348076

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

100150.00

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 490 OF 2173

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. ELEANOR LEE**

Mailing Address 1930 W. RIVER BEND CT.

City  
MEQUON

State Zip Code  
WI 53092-2925

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 22 / 2016

Transaction ID : SA17.348582

Amount of Each Receipt this Period

300.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**B. ELEANOR LEE**

Mailing Address 1930 W. RIVER BEND CT.

City  
MEQUON

State Zip Code  
WI 53092-2925

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 13 / 2016

Transaction ID : SA17.349833

Amount of Each Receipt this Period

5.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT; EARMARKED  
CONTRIBUTION FOR DONALD J TRUMP FOR  
PRESIDENT, INC. COMMITTEE ID

Full Name (Last, First, Middle Initial)

**C. ELEANOR LEE**

Mailing Address 1930 W. RIVER BEND CT.

City  
MEQUON

State Zip Code  
WI 53092-2925

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 13 / 2016

Transaction ID : SA17.354383

Amount of Each Receipt this Period

245.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

550.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial) <b>A. RICHARD LEECH</b>		Date of Receipt <div> <div>M M / D D / Y Y Y Y Y Y</div> <div>06 / 17 / 2016</div> </div>
Mailing Address 100 EAST PALISADE AVE C32		<b>Transaction ID : SA17.347378</b>
City ENGLEWOOD	State NJ	Zip Code 07631-3046
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period <div> <div>100.00</div> </div>
Name of Employer BETTINGER & LEECH, INC.	Occupation MANAGEMENT CONSULTANT	<input type="checkbox"/> Memo Item CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <div> <div>300.00</div> </div>	NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial) <b>B. RICHARD LEECH</b>		Date of Receipt <div> <div>M M / D D / Y Y Y Y Y Y</div> <div>06 / 21 / 2016</div> </div>
Mailing Address 100 EAST PALISADE AVE C32		<b>Transaction ID : SA17.347596</b>
City ENGLEWOOD	State NJ	Zip Code 07631-3046
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period <div> <div>100.00</div> </div>
Name of Employer BETTINGER & LEECH, INC.	Occupation MANAGEMENT CONSULTANT	<input type="checkbox"/> Memo Item CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <div> <div>300.00</div> </div>	NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial) <b>C. MITCH LEINEN</b>		Date of Receipt <div> <div>M M / D D / Y Y Y Y Y Y</div> <div>06 / 28 / 2016</div> </div>
Mailing Address 9558 KERBER COURT		<b>Transaction ID : SA17.348543</b>
City CORONA	State CA	Zip Code 92883-
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period <div> <div>250.00</div> </div>
Name of Employer RETIRED	Occupation RETIRED	<input type="checkbox"/> Memo Item CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <div> <div>350.00</div> </div>	NON CONTRIBUTION ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

450.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. JOSEPH LEMBO**

Mailing Address 203 BALLAD CIRCLE

City  
HOLBROOKState  
NYZip Code  
11741-3836FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	07	/	2016

Transaction ID : SA17.346930

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**B. CARL W LENTZ III M.D.**Mailing Address 1265 W, GRANADA BLVD, SUITE 3  
SUITE 3City  
ORMOND BEACHState  
FLZip Code  
32174-FEC ID number of contributing  
federal political committee.

C

Name of Employer

LENTZ PLASTIC SURGERY

Occupation

PLASTIC SURGEON

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	28	/	2016

Transaction ID : SA17.348541

Amount of Each Receipt this Period

250.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**C. GERALD LEOPOLD**

Mailing Address 2507 AMHERST DR.

City  
WICHITA FALLSState  
TXZip Code  
76308-5327FEC ID number of contributing  
federal political committee.

C

Name of Employer

UNITED SUPERMARKETS

Occupation

REGISTERED PHARMACIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	21	/	2016

Transaction ID : SA17.345958

Amount of Each Receipt this Period

50.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

400.00

**SCHEDULE A (FEC Form 3X)**  
**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"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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 NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial) <b>A. GERALD LEOPOLD</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 11 / 2016 <b>Transaction ID : SA17.349430</b>	
Mailing Address 2507 AMHERST DR.		Amount of Each Receipt this Period 5.00	
City WICHITA FALLS	State TX	Zip Code 76308-5327	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item CONTRIBUTION	
Name of Employer UNITED SUPERMARKETS	Occupation REGISTERED PHARMACIST	NON CONTRIBUTION ACCOUNT; EARMARKED CONTRIBUTION FOR DONALD J TRUMP FOR PRESIDENT, INC. COMMITTEE ID	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00		
Full Name (Last, First, Middle Initial) <b>B. GERALD LEOPOLD</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 11 / 2016 <b>Transaction ID : SA17.352424</b>	
Mailing Address 2507 AMHERST DR.		Amount of Each Receipt this Period 20.00	
City WICHITA FALLS	State TX	Zip Code 76308-5327	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item CONTRIBUTION	
Name of Employer UNITED SUPERMARKETS	Occupation REGISTERED PHARMACIST	NON CONTRIBUTION ACCOUNT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00		
Full Name (Last, First, Middle Initial) <b>C. VIRGINIA LESTER</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 20 / 2016 <b>Transaction ID : SA17.348580</b>	
Mailing Address 22107 FIELDER DR.		Amount of Each Receipt this Period 300.00	
City KATY	State TX	Zip Code 77450-	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item CONTRIBUTION	
Name of Employer RETIRED	Occupation RETIRED	NON CONTRIBUTION ACCOUNT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		
<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶		325.00	
<b>TOTAL</b> This Period (last page this line number only)..... ▶			

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

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☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

## **A. DENNIS LEWIS**

Mailing Address 3217 HANTHORN AVE.

City State Zip Code  
 INDEPENDENCE MO 64057-

FEC ID number of contributing  
federal political committee.

C

Name of Employer

REMAX ELITE

Occupation

REALTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 21 / 2016

Transaction ID : SA17.348634

Amount of Each Receipt this Period

500.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

## **B. FRED LEWIS**

Mailing Address 10153 E ARIZMO ST

City State Zip Code  
 TUCSON AZ 85748-1816

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RANCHO SAHUARITA MANAGEMENT CO.

Occupation

CFO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

06 / 16 / 2016

Transaction ID : SA17.348432

Amount of Each Receipt this Period

250.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

## **C. DANIEL LILES**

Mailing Address 18611 CAPE CHARLES LANE

City State Zip Code  
 HOUSTON TX 77058-

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF

Occupation

REAL ESTATE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 15 / 2016

Transaction ID : SA17.350005

Amount of Each Receipt this Period

5.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT; EARMARKED  
CONTRIBUTION FOR DONALD J TRUMP FOR  
PRESIDENT, INC. COMMITTEE ID

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

755.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 495 OF 2173

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DANIEL LILES**

Mailing Address 18611 CAPE CHARLES LANE

City  
HOUSTONState  
TXZip Code  
77058-FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF

Occupation

REAL ESTATE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	15	/	2016

Transaction ID : SA17.354433

Amount of Each Receipt this Period

495.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**B. LEONARD LINDROS**Mailing Address 593 ROUTE 9D  
P.O. BOX 145City  
GARRISONState  
NYZip Code  
10524-FEC ID number of contributing  
federal political committee.

C

Name of Employer

LIFE&amp;FUNDING GP. OF GARRISON

Occupation

SEMI-RETIRED/FINANCIAL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	01	/	2016

Transaction ID : SA17.333814

Amount of Each Receipt this Period

1000.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**C. THOMAS LITTLE**

Mailing Address BOX 26091

City  
CHARLOTTEState  
NCZip Code  
28221-FEC ID number of contributing  
federal political committee.

C

Name of Employer

LITTLE HOFFMAN INC

Occupation

BUSS OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	01	/	2016

Transaction ID : SA17.333744

Amount of Each Receipt this Period

500.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1995.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. JOHN LOCKTON**

Mailing Address 130 RESERVOIR ROAD

City State Zip Code  
HILLSBOROUGH CA 94010-

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

**06 / 29 / 2016**

**Transaction ID : SA17.351539**

Amount of Each Receipt this Period

5.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT; EARMARKED  
CONTRIBUTION FOR DONALD J TRUMP FOR  
PRESIDENT, INC. COMMITTEE ID

Full Name (Last, First, Middle Initial)

**B. JOHN LOCKTON**

Mailing Address 130 RESERVOIR ROAD

City State Zip Code  
HILLSBOROUGH CA 94010-

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

**06 / 29 / 2016**

**Transaction ID : SA17.354417**

Amount of Each Receipt this Period

245.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**C. MELVIN LOWELL**

Mailing Address 1505 W 5650 N

City State Zip Code  
SAINT GEORGE UT 84770-

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

**06 / 25 / 2016**

**Transaction ID : SA17.348657**

Amount of Each Receipt this Period

500.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

750.00



# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 497 OF 2173

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)  
**A. RICHARD LOWRANCE**

Mailing Address 831 CLIFTON ROAD, N. E.

City	State	Zip Code
ATLANTA	GA	30307-

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

**06 / 23 / 2016**

Transaction ID : **SA17.351143**

Amount of Each Receipt this Period

5.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT; EARMARKED  
CONTRIBUTION FOR DONALD J TRUMP FOR  
PRESIDENT, INC. COMMITTEE ID

Full Name (Last, First, Middle Initial)  
**B. RICHARD LOWRANCE**

Mailing Address 831 CLIFTON ROAD, N. E.

City	State	Zip Code
ATLANTA	GA	30307-

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

**06 / 23 / 2016**

Transaction ID : **SA17.354405**

Amount of Each Receipt this Period

245.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)  
**C. CAROLYN LUDWIG**

Mailing Address 5104 AUBURNDALE AVE

City	State	Zip Code
COLLEYVILLE	TX	76034-

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

**06 / 14 / 2016**

Transaction ID : **SA17.348704**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1250.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17
------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	--

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)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. ALLAN LUIHN**

Mailing Address 124 DUNEDIN CT

City	State	Zip Code
CARY	NC	27511-

FEC ID number of contributing  
federal political committee.

C

Name of Employer

LUIHN FOODS

Occupation

SELF

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
06				21			2016					

Transaction ID : SA17.348462

Amount of Each Receipt this Period

250.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**B. MICHAEL LUSK**

Mailing Address 1375 SPYGLASS LN.

City	State	Zip Code
NAPLES	FL	34102-7740

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NEUROSCIENCE &amp; SPINE ASSOC

Occupation

M.D.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
06				28			2016					

Transaction ID : SA17.348080

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**C. JOHN LYNN**

Mailing Address 1851 WHITNEY MESA DR.

City	State	Zip Code
HENDERSON	NV	89014-

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RPL INTERNATIONAL INC

Occupation

CO-OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
06				13			2016					

Transaction ID : SA17.349790

Amount of Each Receipt this Period

5.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT; EARMARKED  
CONTRIBUTION FOR DONALD J TRUMP FOR  
PRESIDENT, INC. COMMITTEE ID

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

355.00

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 499 OF 2173

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. JOHN LYNN**

Mailing Address 1851 WHITNEY MESA DR.

City	State	Zip Code
HENDERSON	NV	89014-

FEC ID number of contributing federal political committee.

C

Name of Employer  
RPL INTERNATIONAL INC

Occupation  
CO-OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	13	/	2016

Transaction ID : SA17.354432

Amount of Each Receipt this Period

495.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**B. KIRWAN MAC MILLAN**

Mailing Address 5 PARISH SQUARE

City	State	Zip Code
ATKINSON	NH	03811-2465

FEC ID number of contributing federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	07	/	2016

Transaction ID : SA17.340919

Amount of Each Receipt this Period

25.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**C. KIRWAN MAC MILLAN**

Mailing Address 5 PARISH SQUARE

City	State	Zip Code
ATKINSON	NH	03811-2465

FEC ID number of contributing federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	20	/	2016

Transaction ID : SA17.342761

Amount of Each Receipt this Period

25.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

545.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 500 OF 2173

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial) <b>A. KIRWAN MAC MILLAN</b>			Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 30 / 2016 <b>Transaction ID : SA17.344669</b>	
Mailing Address 5 PARISH SQUARE			Amount of Each Receipt this Period 25.00	
City ATKINSON	State NH	Zip Code 03811-2465	<input type="checkbox"/> Memo Item CONTRIBUTION	
FEC ID number of contributing federal political committee. C		NON CONTRIBUTION ACCOUNT		
Name of Employer RETIRED	Occupation RETIRED	Aggregate Year-to-Date ▼ 235.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				

Full Name (Last, First, Middle Initial) <b>B. KIRWAN MAC MILLAN</b>			Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 18 / 2016 <b>Transaction ID : SA17.344834</b>	
Mailing Address 5 PARISH SQUARE			Amount of Each Receipt this Period 35.00	
City ATKINSON	State NH	Zip Code 03811-2465	<input type="checkbox"/> Memo Item CONTRIBUTION	
FEC ID number of contributing federal political committee. C		NON CONTRIBUTION ACCOUNT		
Name of Employer RETIRED	Occupation RETIRED	Aggregate Year-to-Date ▼ 235.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				

Full Name (Last, First, Middle Initial) <b>C. KIRWAN MAC MILLAN</b>			Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 28 / 2016 <b>Transaction ID : SA17.346447</b>	
Mailing Address 5 PARISH SQUARE			Amount of Each Receipt this Period 50.00	
City ATKINSON	State NH	Zip Code 03811-2465	<input type="checkbox"/> Memo Item CONTRIBUTION	
FEC ID number of contributing federal political committee. C		NON CONTRIBUTION ACCOUNT		
Name of Employer RETIRED	Occupation RETIRED	Aggregate Year-to-Date ▼ 235.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

110.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial) <b>A. LISA MACLELLAN</b>			Date of Receipt <div> <div>M M / D D / Y Y Y Y Y Y</div> <div>06 / 28 / 2016</div> </div>	
Mailing Address 1102 EAST BROW ROAD			<b>Transaction ID : SA17.344116</b>	
City LOOKOUT MOUNTAIN	State TN	Zip Code 37350-1016	Amount of Each Receipt this Period <div> <div>25.00</div> </div>	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item <b>CONTRIBUTION</b>		
Name of Employer RETIRED		Occupation RETIRED		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <div> <div>480.00</div> </div>		
			<b>NON CONTRIBUTION ACCOUNT</b>	

Full Name (Last, First, Middle Initial) <b>B. LISA MACLELLAN</b>			Date of Receipt <div> <div>M M / D D / Y Y Y Y Y Y</div> <div>06 / 16 / 2016</div> </div>	
Mailing Address 1102 EAST BROW ROAD			<b>Transaction ID : SA17.345495</b>	
City LOOKOUT MOUNTAIN	State TN	Zip Code 37350-1016	Amount of Each Receipt this Period <div> <div>50.00</div> </div>	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item <b>CONTRIBUTION</b>		
Name of Employer RETIRED		Occupation RETIRED		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <div> <div>480.00</div> </div>		
			<b>NON CONTRIBUTION ACCOUNT</b>	

Full Name (Last, First, Middle Initial) <b>C. LISA MACLELLAN</b>			Date of Receipt <div> <div>M M / D D / Y Y Y Y Y Y</div> <div>06 / 11 / 2016</div> </div>	
Mailing Address 1102 EAST BROW ROAD			<b>Transaction ID : SA17.354698</b>	
City LOOKOUT MOUNTAIN	State TN	Zip Code 37350-1016	Amount of Each Receipt this Period <div> <div>5.00</div> </div>	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item <b>CONTRIBUTION</b>		
Name of Employer RETIRED		Occupation RETIRED		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <div> <div>480.00</div> </div>		
			<b>NON CONTRIBUTION ACCOUNT; EARMARKED CONTRIBUTION FOR DONALD J TRUMP FOR PRESIDENT, INC. COMMITTEE ID</b>	

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

80.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 502 OF 2173

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)  
**A. THOMAS J. MADISON SR.**  
Mailing Address **57 FRANKLIN AVENUE**

City State Zip Code  
**BINGHAMTON NY 13901-**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**T.J. MADISON CONSTRUCTION CO., INC.**

Occupation  
**PRESIDENT?CEO**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**1000.00**

Date of Receipt

**06 / 29 / 2016**

**Transaction ID : SA17.348750**

Amount of Each Receipt this Period

**1000.00**

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)  
**B. SANDRA MALLIN**  
Mailing Address **3025 LULLINGSTONE ST**

City State Zip Code  
**LAS VEGAS NV 89135-2246**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**250.00**

Date of Receipt

**06 / 08 / 2016**

**Transaction ID : SA17.346706**

Amount of Each Receipt this Period

**75.00**

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)  
**C. SANDRA MALLIN**  
Mailing Address **3025 LULLINGSTONE ST**

City State Zip Code  
**LAS VEGAS NV 89135-2246**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**250.00**

Date of Receipt

**06 / 22 / 2016**

**Transaction ID : SA17.350940**

Amount of Each Receipt this Period

**5.00**

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT; EARMARKED  
CONTRIBUTION FOR DONALD J TRUMP FOR  
PRESIDENT, INC. COMMITTEE ID

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

**1080.00**

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. SANDRA MALLIN**

Mailing Address 3025 LULLINGSTONE ST

City  
LAS VEGAS

State Zip Code  
NV 89135-2246

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 22 / 2016

Transaction ID : SA17.354016

Amount of Each Receipt this Period

70.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**B. JOE MANNING**

Mailing Address 8 CALLE GALLERIA

City  
SAN CLEMENTE

State Zip Code  
CA 92673-6869

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 16 / 2016

Transaction ID : SA17.347272

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**C. JOE MANNING**

Mailing Address 8 CALLE GALLERIA

City  
SAN CLEMENTE

State Zip Code  
CA 92673-6869

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 21 / 2016

Transaction ID : SA17.347561

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

270.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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☐ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial) <b>A. KENNETH MANNING</b>			Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 08 / 2016 <b>Transaction ID : SA17.346982</b>
Mailing Address 1355 PICCARD DRIVE			Amount of Each Receipt this Period 100.00 <input type="checkbox"/> Memo Item CONTRIBUTION  NON CONTRIBUTION ACCOUNT
City ROCKVILLE	State MD	Zip Code 20850-4315	
FEC ID number of contributing federal political committee. C			
Name of Employer SELF	Occupation ECONOMIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>B. KENNETH MANNING</b>			Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 21 / 2016 <b>Transaction ID : SA17.347560</b>
Mailing Address 1355 PICCARD DRIVE			Amount of Each Receipt this Period 100.00 <input type="checkbox"/> Memo Item CONTRIBUTION  NON CONTRIBUTION ACCOUNT
City ROCKVILLE	State MD	Zip Code 20850-4315	
FEC ID number of contributing federal political committee. C			
Name of Employer SELF	Occupation ECONOMIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>C. WILLIAM MARBLE</b>			Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 09 / 2016 <b>Transaction ID : SA17.348405</b>
Mailing Address 11901 EDGESTONE RD			Amount of Each Receipt this Period 250.00 <input type="checkbox"/> Memo Item CONTRIBUTION  NON CONTRIBUTION ACCOUNT
City DALLAS	State TX	Zip Code 75230-	
FEC ID number of contributing federal political committee. C			
Name of Employer RETIRED	Occupation RETIRED		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 350.00	

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

450.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

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☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

<p>Full Name (Last, First, Middle Initial) <b>A. WILLIAM MARBLE</b></p> <p>Mailing Address 11901 EDGESTONE RD</p> <p>City State Zip Code DALLAS TX 75230-</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation RETIRED RETIRED</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 350.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 22 / 2016 <b>Transaction ID : SA17.350182</b></p> <p>Amount of Each Receipt this Period 5.00</p> <p><input type="checkbox"/> Memo Item CONTRIBUTION</p> <p>NON CONTRIBUTION ACCOUNT; EARMARKED CONTRIBUTION FOR DONALD J TRUMP FOR PRESIDENT, INC. COMMITTEE ID</p>		
<p>Full Name (Last, First, Middle Initial) <b>B. WILLIAM MARBLE</b></p> <p>Mailing Address 11901 EDGESTONE RD</p> <p>City State Zip Code DALLAS TX 75230-</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation RETIRED RETIRED</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 350.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 22 / 2016 <b>Transaction ID : SA17.354185</b></p> <p>Amount of Each Receipt this Period 95.00</p> <p><input type="checkbox"/> Memo Item CONTRIBUTION</p> <p>NON CONTRIBUTION ACCOUNT</p>		
<p>Full Name (Last, First, Middle Initial) <b>C. SUSAN MARLAR</b></p> <p>Mailing Address 4255 HUNTINGTON WOODS</p> <p>City State Zip Code WOOSTER OH 44691-</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation MEADEN &amp; MOORE CPA</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 250.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 18 / 2016 <b>Transaction ID : SA17.348448</b></p> <p>Amount of Each Receipt this Period 250.00</p> <p><input type="checkbox"/> Memo Item CONTRIBUTION</p> <p>NON CONTRIBUTION ACCOUNT</p>		
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>			<p>350.00</p>		
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>			<p></p>		

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. STEVE MARLIER**

Mailing Address 5730 FIVE KNOLLS DR.

City	State	Zip Code
CHARLOTTE	NC	28226-

FEC ID number of contributing federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			2	5			2	0	1	6		

Transaction ID : SA17.348656

Amount of Each Receipt this Period

500.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**B. GREG MARTELLI**

Mailing Address 599 CALLOWAY WHITE RD

City	State	Zip Code
WINCHESTER	KY	40391-9771

FEC ID number of contributing federal political committee.

C

Name of Employer

FOX HILL CO INC

Occupation

GENERAL CONTRACTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			2	1			2	0	1	6		

Transaction ID : SA17.342987

Amount of Each Receipt this Period

25.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**C. GREG MARTELLI**

Mailing Address 599 CALLOWAY WHITE RD

City	State	Zip Code
WINCHESTER	KY	40391-9771

FEC ID number of contributing federal political committee.

C

Name of Employer

FOX HILL CO INC

Occupation

GENERAL CONTRACTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			0	3			2	0	1	6		

Transaction ID : SA17.344973

Amount of Each Receipt this Period

50.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

575.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 507 OF 2173

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. GREG MARTELLI**

Mailing Address 599 CALLOWAY WHITE RD

City	State	Zip Code
WINCHESTER	KY	40391-9771

FEC ID number of contributing federal political committee.

C

Name of Employer

FOX HILL CO INC

Occupation

GENERAL CONTRACTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	07	/	2016

Transaction ID : SA17.345051

Amount of Each Receipt this Period

50.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**B. GARY C MARTIN**

Mailing Address P O BOX 91588

City	State	Zip Code
ARLINGTON	TX	76015-

FEC ID number of contributing federal political committee.

C

Name of Employer

MARTIN SPROCKET &amp; GEAR, INC

Occupation

VICE CHAIRMAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	21	/	2016

Transaction ID : SA17.348726

Amount of Each Receipt this Period

1000.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**C. GARY C MARTIN**

Mailing Address P O BOX 91588

City	State	Zip Code
ARLINGTON	TX	76015-

FEC ID number of contributing federal political committee.

C

Name of Employer

MARTIN SPROCKET &amp; GEAR, INC

Occupation

VICE CHAIRMAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	09	/	2016

Transaction ID : SA17.348761

Amount of Each Receipt this Period

2500.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

3550.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. PHILIP MARTIN**

Mailing Address 19893 NAPLES LAKES TERRACE

City	State	Zip Code
ASHBURN	VA	20147-

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ARBINGER INSTITUTEOccupation  
MANAGEMENT CONSULTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	15	/	2016

**Transaction ID : SA17.333892**

Amount of Each Receipt this Period

500.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**B. STEPHEN MARTIN**

Mailing Address 5731 W LINDA LN

City	State	Zip Code
CHANDLER	AZ	85226-1891

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AMERICAN REFRIGERATION SUPPLIES,  
INC.Occupation  
PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	21	/	2016

**Transaction ID : SA17.345905**

Amount of Each Receipt this Period

50.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**C. STEPHEN MARTIN**

Mailing Address 5731 W LINDA LN

City	State	Zip Code
CHANDLER	AZ	85226-1891

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AMERICAN REFRIGERATION SUPPLIES, INCOccupation  
PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	02	/	2016

**Transaction ID : SA17.348913**

Amount of Each Receipt this Period

5.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT; EARMARKED  
CONTRIBUTION FOR DONALD J TRUMP FOR  
PRESIDENT, INC. COMMITTEE ID**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

555.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 509 OF 2173

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**Full Name (Last, First, Middle Initial)  
**A. STEPHEN MARTIN**

Mailing Address 5731 W LINDA LN

City	State	Zip Code
CHANDLER	AZ	85226-1891

FEC ID number of contributing  
federal political committee.

C

Name of Employer	Occupation
AMERICAN REFRIGERATION SUPPLIES, INC	PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	02	/	2016

Transaction ID : SA17.352173

Amount of Each Receipt this Period

20.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)  
**B. AUDINE MARVIN**Mailing Address 4220 LOWER ROSWELL RD  
#7300

City	State	Zip Code
MARIETTA	GA	30068-4167

FEC ID number of contributing  
federal political committee.

C

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	07	/	2016

Transaction ID : SA17.340923

Amount of Each Receipt this Period

25.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)  
**C. AUDINE MARVIN**Mailing Address 4220 LOWER ROSWELL RD  
#7300

City	State	Zip Code
MARIETTA	GA	30068-4167

FEC ID number of contributing  
federal political committee.

C

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	18	/	2016

Transaction ID : SA17.342644

Amount of Each Receipt this Period

25.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

70.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial) <b>A. BOB MASENGILL</b>			Date of Receipt <div> <div>M M / D D / Y Y Y Y Y Y</div> <div>06 / 01 / 2016</div> </div>	
Mailing Address 2900 NATALIE DR.			<b>Transaction ID : SA17.344887</b>	
City PLANO	State TX	Zip Code 75074-4613	Amount of Each Receipt this Period <div> <div>50.00</div> </div>	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item CONTRIBUTION		
Name of Employer RETIRED		Occupation RETIRED		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <div> <div>250.00</div> </div>		
			NON CONTRIBUTION ACCOUNT	

Full Name (Last, First, Middle Initial) <b>B. BOB MASENGILL</b>			Date of Receipt <div> <div>M M / D D / Y Y Y Y Y Y</div> <div>06 / 03 / 2016</div> </div>	
Mailing Address 2900 NATALIE DR.			<b>Transaction ID : SA17.346875</b>	
City PLANO	State TX	Zip Code 75074-4613	Amount of Each Receipt this Period <div> <div>100.00</div> </div>	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item CONTRIBUTION		
Name of Employer RETIRED		Occupation RETIRED		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <div> <div>250.00</div> </div>		
			NON CONTRIBUTION ACCOUNT	

Full Name (Last, First, Middle Initial) <b>C. TOM MASI</b>			Date of Receipt <div> <div>M M / D D / Y Y Y Y Y Y</div> <div>06 / 08 / 2016</div> </div>	
Mailing Address 630 BOOTH HILL ROAD			<b>Transaction ID : SA17.341065</b>	
City TRUMBULL	State CT	Zip Code 06611-4009	Amount of Each Receipt this Period <div> <div>25.00</div> </div>	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item CONTRIBUTION		
Name of Employer WOODRIDGE HOLDINGS LTD		Occupation HEALTH CARE EXEC.		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <div> <div>250.00</div> </div>		
			NON CONTRIBUTION ACCOUNT	

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

175.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

## **A. TOM MASI**

Mailing Address 630 BOOTH HILL ROAD

City State Zip Code  
 TRUMBULL CT 06611-4009

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 WOODRIDGE HOLDINGS LTD

Occupation  
 HEALTH CARE EXEC.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 17 / 2016

Transaction ID : SA17.342452

Amount of Each Receipt this Period

25.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

## **B. TOM MASI**

Mailing Address 630 BOOTH HILL ROAD

City State Zip Code  
 TRUMBULL CT 06611-4009

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 WOODRIDGE HOLDINGS LTD

Occupation  
 HEALTH CARE EXEC.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 21 / 2016

Transaction ID : SA17.347506

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

## **C. LARRY MATES**

Mailing Address 12 OLD BARN DRIVE

City State Zip Code  
 WEST CHESTER PA 19382-

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 SELF

Occupation  
 HEALTHCARE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 03 / 2016

Transaction ID : SA17.340665

Amount of Each Receipt this Period

25.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

150.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

<p>Full Name (Last, First, Middle Initial) <b>A. ELAYNE MATTAR</b></p> <p>Mailing Address <b>157 S NUECES PARK LANE</b></p> <table style="width: 100%;"> <tr> <td style="width: 33%;">City <b>HARLINGEN</b></td> <td style="width: 33%;">State <b>TX</b></td> <td style="width: 33%;">Zip Code <b>78552-6233</b></td> </tr> </table> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;"><b>C</b></span></p> <table style="width: 100%;"> <tr> <td style="width: 33%;">Name of Employer <b>SELF EMPLOYED</b></td> <td style="width: 66%;">Occupation <b>FARMER</b></td> </tr> </table> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼         </p> <p>Aggregate Year-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">225.00</span> </p>			City <b>HARLINGEN</b>	State <b>TX</b>	Zip Code <b>78552-6233</b>	Name of Employer <b>SELF EMPLOYED</b>	Occupation <b>FARMER</b>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">06 / 10 / 2016</span> </p> <p><b>Transaction ID : SA17.345300</b></p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">50.00</span> </p> <p><input type="checkbox"/> Memo Item CONTRIBUTION</p> <p>NON CONTRIBUTION ACCOUNT</p>	
City <b>HARLINGEN</b>	State <b>TX</b>	Zip Code <b>78552-6233</b>							
Name of Employer <b>SELF EMPLOYED</b>	Occupation <b>FARMER</b>								
<p>Full Name (Last, First, Middle Initial) <b>B. ELAYNE MATTAR</b></p> <p>Mailing Address <b>157 S NUECES PARK LANE</b></p> <table style="width: 100%;"> <tr> <td style="width: 33%;">City <b>HARLINGEN</b></td> <td style="width: 33%;">State <b>TX</b></td> <td style="width: 33%;">Zip Code <b>78552-6233</b></td> </tr> </table> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;"><b>C</b></span></p> <table style="width: 100%;"> <tr> <td style="width: 33%;">Name of Employer <b>SELF EMPLOYED</b></td> <td style="width: 66%;">Occupation <b>FARMER</b></td> </tr> </table> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼         </p> <p>Aggregate Year-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">225.00</span> </p>			City <b>HARLINGEN</b>	State <b>TX</b>	Zip Code <b>78552-6233</b>	Name of Employer <b>SELF EMPLOYED</b>	Occupation <b>FARMER</b>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">06 / 10 / 2016</span> </p> <p><b>Transaction ID : SA17.345301</b></p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">50.00</span> </p> <p><input type="checkbox"/> Memo Item CONTRIBUTION</p> <p>NON CONTRIBUTION ACCOUNT</p>	
City <b>HARLINGEN</b>	State <b>TX</b>	Zip Code <b>78552-6233</b>							
Name of Employer <b>SELF EMPLOYED</b>	Occupation <b>FARMER</b>								
<p>Full Name (Last, First, Middle Initial) <b>C. ELAYNE MATTAR</b></p> <p>Mailing Address <b>157 S NUECES PARK LANE</b></p> <table style="width: 100%;"> <tr> <td style="width: 33%;">City <b>HARLINGEN</b></td> <td style="width: 33%;">State <b>TX</b></td> <td style="width: 33%;">Zip Code <b>78552-6233</b></td> </tr> </table> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;"><b>C</b></span></p> <table style="width: 100%;"> <tr> <td style="width: 33%;">Name of Employer <b>SELF EMPLOYED</b></td> <td style="width: 66%;">Occupation <b>FARMER</b></td> </tr> </table> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼         </p> <p>Aggregate Year-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">225.00</span> </p>			City <b>HARLINGEN</b>	State <b>TX</b>	Zip Code <b>78552-6233</b>	Name of Employer <b>SELF EMPLOYED</b>	Occupation <b>FARMER</b>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">06 / 28 / 2016</span> </p> <p><b>Transaction ID : SA17.346395</b></p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">50.00</span> </p> <p><input type="checkbox"/> Memo Item CONTRIBUTION</p> <p>NON CONTRIBUTION ACCOUNT</p>	
City <b>HARLINGEN</b>	State <b>TX</b>	Zip Code <b>78552-6233</b>							
Name of Employer <b>SELF EMPLOYED</b>	Occupation <b>FARMER</b>								
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>			<span style="border: 1px solid black; padding: 2px;">150.00</span>						
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>			<span style="border: 1px solid black; padding: 2px;"></span>						



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

FOR LINE NUMBER: PAGE 513 OF 2173

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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 NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial) <b>A. ELAYNE MATTAR</b>			Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 22 / 2016 <b>Transaction ID : SA17.350064</b>	
Mailing Address 157 S NUECES PARK LANE			Amount of Each Receipt this Period 5.00	
City HARLINGEN	State TX	Zip Code 78552-6233	<input type="checkbox"/> Memo Item CONTRIBUTION	
FEC ID number of contributing federal political committee. C			NON CONTRIBUTION ACCOUNT; EARMARKED CONTRIBUTION FOR DONALD J TRUMP FOR PRESIDENT, INC. COMMITTEE ID	
Name of Employer SELF EMPLOYED	Occupation FARMER			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00			
Full Name (Last, First, Middle Initial) <b>B. ELAYNE MATTAR</b>			Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 22 / 2016 <b>Transaction ID : SA17.352760</b>	
Mailing Address 157 S NUECES PARK LANE			Amount of Each Receipt this Period 20.00	
City HARLINGEN	State TX	Zip Code 78552-6233	<input type="checkbox"/> Memo Item CONTRIBUTION	
FEC ID number of contributing federal political committee. C			NON CONTRIBUTION ACCOUNT	
Name of Employer SELF EMPLOYED	Occupation FARMER			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00			
Full Name (Last, First, Middle Initial) <b>C. GARY MATTHEWS</b>			Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 02 / 2016 <b>Transaction ID : SA17.348795</b>	
Mailing Address 841 PINCKNEY LANE			Amount of Each Receipt this Period 5.00	
City THE VILLAGES	State FL	Zip Code 32162-6453	<input type="checkbox"/> Memo Item CONTRIBUTION	
FEC ID number of contributing federal political committee. C			NON CONTRIBUTION ACCOUNT; EARMARKED CONTRIBUTION FOR DONALD J TRUMP FOR PRESIDENT, INC. COMMITTEE ID	
Name of Employer RETIRED	Occupation RETIRED			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00			
<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶			30.00	
<b>TOTAL</b> This Period (last page this line number only)..... ▶				

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 514 OF 2173

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

## **A. GARY MATTHEWS**

Mailing Address **841 PINCKNEY LANE**

City State Zip Code  
**THE VILLAGES FL 32162-6453**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**RETIRED**

Occupation

**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**225.00**

Date of Receipt

**06 / 22 / 2016**

**Transaction ID : SA17.350283**

Amount of Each Receipt this Period

**5.00**

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT; EARMARKED  
CONTRIBUTION FOR DONALD J TRUMP FOR  
PRESIDENT, INC. COMMITTEE ID

Full Name (Last, First, Middle Initial)

## **B. GARY MATTHEWS**

Mailing Address **841 PINCKNEY LANE**

City State Zip Code  
**THE VILLAGES FL 32162-6453**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**RETIRED**

Occupation

**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**225.00**

Date of Receipt

**06 / 02 / 2016**

**Transaction ID : SA17.352114**

Amount of Each Receipt this Period

**20.00**

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

## **C. GARY MATTHEWS**

Mailing Address **841 PINCKNEY LANE**

City State Zip Code  
**THE VILLAGES FL 32162-6453**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**RETIRED**

Occupation

**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**225.00**

Date of Receipt

**06 / 22 / 2016**

**Transaction ID : SA17.354203**

Amount of Each Receipt this Period

**95.00**

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

**120.00**

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 515 OF 2173

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17
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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)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. BARBARA MATYI**

Mailing Address P.O. BOX 5462

City  
 WAYLAND

State  
 MA

Zip Code  
 01778-

FEC ID number of contributing  
 federal political committee.

**C**

Name of Employer

SELF EMPLOYED

Occupation

REAL ESTATE DESIGN/CONSTRUCTION &amp; S

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

**06** / **12** / **2016**

**Transaction ID : SA17.345349**

Amount of Each Receipt this Period

50.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**B. BARBARA MATYI**

Mailing Address P.O. BOX 5462

City  
 WAYLAND

State  
 MA

Zip Code  
 01778-

FEC ID number of contributing  
 federal political committee.

**C**

Name of Employer

SELF EMPLOYED

Occupation

REAL ESTATE DESIGN/CONSTRUCTION &amp; S

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

**06** / **17** / **2016**

**Transaction ID : SA17.345613**

Amount of Each Receipt this Period

50.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**C. BARBARA MATYI**

Mailing Address P.O. BOX 5462

City  
 WAYLAND

State  
 MA

Zip Code  
 01778-

FEC ID number of contributing  
 federal political committee.

**C**

Name of Employer

SELF EMPLOYED

Occupation

REAL ESTATE DESIGN/CONSTRUCTION &amp; S

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

**06** / **08** / **2016**

**Transaction ID : SA17.346704**

Amount of Each Receipt this Period

75.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

175.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 516 OF 2173

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17
------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	--

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)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. BARBARA MATYI**

Mailing Address P.O. BOX 5462

City  
WAYLAND

State  
MA

Zip Code  
01778-

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

REAL ESTATE DESIGN/CONSTRUCTION &amp; S

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 10 / 2016

Transaction ID : SA17.346710

Amount of Each Receipt this Period

75.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**B. KEITH MAXWELL**

Mailing Address 4612 FLAGSHIP DR. APT 104

City

FORT MYERS

State

FL

Zip Code

33919-

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 22 / 2016

Transaction ID : SA17.348488

Amount of Each Receipt this Period

250.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**C. NIKKI L MC DONALD**

Mailing Address 258 S CONQUISTADOR AVE

City

PUEBLO WEST

State

CO

Zip Code

81007-3649

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 28 / 2016

Transaction ID : SA17.348670

Amount of Each Receipt this Period

500.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

825.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 517 OF 2173

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17
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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)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. JOHN MCCAIN**

Mailing Address 944 STONEYBROOK CIRCLE

City	State	Zip Code
LIGONIER	PA	15658-

FEC ID number of contributing federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	27	/	2016

Transaction ID : SA17.348527

Amount of Each Receipt this Period

250.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**B. J TERRELL MCCALL, JR.**

Mailing Address 1546 N RIVER OAKS DR.

City	State	Zip Code
BLACKSHEAR	GA	31516-

FEC ID number of contributing federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2016

Transaction ID : SA17.348573

Amount of Each Receipt this Period

250.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**C. RP MCFARLAND**

Mailing Address 4113 MONTICELLO ST

City	State	Zip Code
COVINGTON	GA	30014-

FEC ID number of contributing federal political committee.

C

Name of Employer

PURETALKUSA

Occupation

CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	21	/	2016

Transaction ID : SA17.348467

Amount of Each Receipt this Period

250.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

750.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 518 OF 2173

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

<b>A. ELIZABETH M MCGIRR</b> Full Name (Last, First, Middle Initial) Mailing Address 218 N NEW STREET City STAUNTON State VA Zip Code 24401-3638 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer RETIRED Occupation RETIRED Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 350.00			Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 08 / 2016 <b>Transaction ID : SA17.345193</b> Amount of Each Receipt this Period 50.00 <input type="checkbox"/> Memo Item CONTRIBUTION NON CONTRIBUTION ACCOUNT
<b>B. ELIZABETH M MCGIRR</b> Full Name (Last, First, Middle Initial) Mailing Address 218 N NEW STREET City STAUNTON State VA Zip Code 24401-3638 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer RETIRED Occupation RETIRED Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 350.00			Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 17 / 2016 <b>Transaction ID : SA17.345579</b> Amount of Each Receipt this Period 50.00 <input type="checkbox"/> Memo Item CONTRIBUTION NON CONTRIBUTION ACCOUNT
<b>C. ELIZABETH M MCGIRR</b> Full Name (Last, First, Middle Initial) Mailing Address 218 N NEW STREET City STAUNTON State VA Zip Code 24401-3638 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer RETIRED Occupation RETIRED Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 350.00			Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 28 / 2016 <b>Transaction ID : SA17.346487</b> Amount of Each Receipt this Period 50.00 <input type="checkbox"/> Memo Item CONTRIBUTION NON CONTRIBUTION ACCOUNT
<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶			150.00
<b>TOTAL</b> This Period (last page this line number only)..... ▶			

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 519 OF 2173

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC****A. ELIZABETH M MCGIRR**

Mailing Address 218 N NEW STREET

City	State	Zip Code
STAUNTON	VA	24401-3638

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	21	/	2016

Transaction ID : SA17.347640

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**B. VERLON MCKAY**Mailing Address 1501 N. CONCORD AVE  
250

City	State	Zip Code
FULLERTON	CA	92831-

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MCKAY &amp; CARNAHAN, INC.

Occupation

CPA

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	01	/	2016

Transaction ID : SA17.333711

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**C. LYDIA MCKIBBEN**

Mailing Address 1407 PIST OAK PLACE

City	State	Zip Code
WESTLAKE	TX	76262-

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	05	/	2016

Transaction ID : SA17.346909

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

300.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

FOR LINE NUMBER: PAGE 520 OF 2173

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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 NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial) <b>A. LYDIA MCKIBBEN</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 08 / 2016 <b>Transaction ID : SA17.346984</b>	
Mailing Address 1407 PIST OAK PLACE		Amount of Each Receipt this Period 100.00	
City WESTLAKE	State TX	Zip Code 76262-	<input type="checkbox"/> Memo Item CONTRIBUTION
FEC ID number of contributing federal political committee. C		NON CONTRIBUTION ACCOUNT	
Name of Employer RETIRED	Occupation RETIRED		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00		
Full Name (Last, First, Middle Initial) <b>B. LYDIA MCKIBBEN</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 22 / 2016 <b>Transaction ID : SA17.347701</b>	
Mailing Address 1407 PIST OAK PLACE		Amount of Each Receipt this Period 100.00	
City WESTLAKE	State TX	Zip Code 76262-	<input type="checkbox"/> Memo Item CONTRIBUTION
FEC ID number of contributing federal political committee. C		NON CONTRIBUTION ACCOUNT	
Name of Employer RETIRED	Occupation RETIRED		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00		
Full Name (Last, First, Middle Initial) <b>C. MASON MCKIBBEN</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 01 / 2016 <b>Transaction ID : SA17.340475</b>	
Mailing Address 4 WOODLEAF AVE		Amount of Each Receipt this Period 25.00	
City REDWOOD CITY	State CA	Zip Code 94061-1823	<input type="checkbox"/> Memo Item CONTRIBUTION
FEC ID number of contributing federal political committee. C		NON CONTRIBUTION ACCOUNT	
Name of Employer RETIRED	Occupation RETIRED		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 525.00		
<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶		225.00	
<b>TOTAL</b> This Period (last page this line number only)..... ▶			



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 521 OF 2173

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. MASON MCKIBBEN**

Mailing Address 4 WOODLEAF AVE

City	State	Zip Code
REDWOOD CITY	CA	94061-1823

FEC ID number of contributing federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	10	/	2016

Transaction ID : SA17.347113

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**B. MASON MCKIBBEN**

Mailing Address 4 WOODLEAF AVE

City	State	Zip Code
REDWOOD CITY	CA	94061-1823

FEC ID number of contributing federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	12	/	2016

Transaction ID : SA17.347194

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**C. MASON MCKIBBEN**

Mailing Address 4 WOODLEAF AVE

City	State	Zip Code
REDWOOD CITY	CA	94061-1823

FEC ID number of contributing federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	22	/	2016

Transaction ID : SA17.347744

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

300.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. ELBERT MCLAIN**

Mailing Address 2034 ATLAS PEAK RD

City	State	Zip Code
NAPA	CA	94558-1208

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		15		2016

Transaction ID : SA17.341953

Amount of Each Receipt this Period

25.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**B. ELBERT MCLAIN**

Mailing Address 2034 ATLAS PEAK RD

City	State	Zip Code
NAPA	CA	94558-1208

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		15		2016

Transaction ID : SA17.341956

Amount of Each Receipt this Period

25.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**C. ELBERT MCLAIN**

Mailing Address 2034 ATLAS PEAK RD

City	State	Zip Code
NAPA	CA	94558-1208

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

Transaction ID : SA17.342051

Amount of Each Receipt this Period

25.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

75.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)  
**A. ELBERT MCLAIN**

Mailing Address **2034 ATLAS PEAK RD**

City State Zip Code  
**NAPA CA 94558-1208**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**RETIRED**

Occupation

**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**275.00**

Date of Receipt

**06 / 24 / 2016**

**Transaction ID : SA17.346212**

Amount of Each Receipt this Period

**50.00**

☐ Memo Item

**CONTRIBUTION**

**NON CONTRIBUTION ACCOUNT**

Full Name (Last, First, Middle Initial)  
**B. DOUG MCLEAN**

Mailing Address **2705 DEVONSHIRE DRIVE**

City State Zip Code  
**CARROLLTON TX 75007-4865**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**RETIRED**

Occupation

**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**350.00**

Date of Receipt

**06 / 29 / 2016**

**Transaction ID : SA17.348555**

Amount of Each Receipt this Period

**250.00**

☐ Memo Item

**CONTRIBUTION**

**NON CONTRIBUTION ACCOUNT**

Full Name (Last, First, Middle Initial)  
**C. KENNETH MCLEAN**

Mailing Address **4654 HABERSHAM CT NW**

City State Zip Code  
**CONCORD NC 28027-**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**RETIRED**

Occupation

**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**500.00**

Date of Receipt

**06 / 22 / 2016**

**Transaction ID : SA17.348641**

Amount of Each Receipt this Period

**500.00**

☐ Memo Item

**CONTRIBUTION**

**NON CONTRIBUTION ACCOUNT**

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

**800.00**

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 524 OF 2173

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. JOHN. MCLEOD**

Mailing Address 3301 GREENE COUNTRIE DRIVE

City	State	Zip Code
NEWTOWN SQUARE	PA	19073-

FEC ID number of contributing federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	17	/	2016

Transaction ID : SA17.348715

Amount of Each Receipt this Period

1000.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**B. JIM MCMANUS**

Mailing Address 88 CHESTNUT ST

City	State	Zip Code
WESTON	MA	02493-1533

FEC ID number of contributing federal political committee.

C

Name of Employer

SELF

Occupation

COMM. REAL ESTATE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	22	/	2016

Transaction ID : SA17.346018

Amount of Each Receipt this Period

50.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**C. JIM MCMANUS**

Mailing Address 88 CHESTNUT ST

City	State	Zip Code
WESTON	MA	02493-1533

FEC ID number of contributing federal political committee.

C

Name of Employer

SELF

Occupation

COMM. REAL ESTATE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	12	/	2016

Transaction ID : SA17.347181

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1150.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial) <b>A. MONICA MCMILLEN</b>			Date of Receipt <div> <div>M M M / D D D / Y Y Y Y Y Y</div> <div>06 / 09 / 2016</div> </div>	
Mailing Address 6755 RIDGMAR BLVD. 302			<b>Transaction ID : SA17.348409</b>	
City FORT WORTH	State TX	Zip Code 76116-	Amount of Each Receipt this Period <div> <div>250.00</div> </div>	
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item CONTRIBUTION	
Name of Employer RETIRED		Occupation RETIRED	NON CONTRIBUTION ACCOUNT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <div> <div>250.00</div> </div>		

Full Name (Last, First, Middle Initial) <b>B. MICHAEL MCMUNN, DDS</b>			Date of Receipt <div> <div>M M M / D D D / Y Y Y Y Y Y</div> <div>06 / 18 / 2016</div> </div>	
Mailing Address 10813 WEATHER VANE ROAD			<b>Transaction ID : SA17.347435</b>	
City RICHMOND	State VA	Zip Code 23238-	Amount of Each Receipt this Period <div> <div>100.00</div> </div>	
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item CONTRIBUTION	
Name of Employer SELF EMPLOYED		Occupation DENTIST	NON CONTRIBUTION ACCOUNT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <div> <div>250.00</div> </div>		

Full Name (Last, First, Middle Initial) <b>C. MICHAEL MCMUNN, DDS</b>			Date of Receipt <div> <div>M M M / D D D / Y Y Y Y Y Y</div> <div>06 / 22 / 2016</div> </div>	
Mailing Address 10813 WEATHER VANE ROAD			<b>Transaction ID : SA17.350916</b>	
City RICHMOND	State VA	Zip Code 23238-	Amount of Each Receipt this Period <div> <div>5.00</div> </div>	
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item CONTRIBUTION	
Name of Employer SELF EMPLOYED		Occupation DENTIST	NON CONTRIBUTION ACCOUNT; EARMARKED CONTRIBUTION FOR DONALD J TRUMP FOR PRESIDENT, INC. COMMITTEE ID	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <div> <div>250.00</div> </div>		

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

355.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial) <b>A. MICHAEL MCMUNN, DDS</b>			Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 22 / 2016 <b>Transaction ID : SA17.350917</b>	
Mailing Address 10813 WEATHER VANE ROAD			Amount of Each Receipt this Period 5.00	
City RICHMOND	State VA	Zip Code 23238-	<input type="checkbox"/> Memo Item <b>CONTRIBUTION</b>	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 250.00		
Name of Employer SELF EMPLOYED		Occupation DENTIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		NON CONTRIBUTION ACCOUNT; EARMARKED CONTRIBUTION FOR DONALD J TRUMP FOR PRESIDENT, INC. COMMITTEE ID		
Full Name (Last, First, Middle Initial) <b>B. MICHAEL MCMUNN, DDS</b>			Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 22 / 2016 <b>Transaction ID : SA17.350918</b>	
Mailing Address 10813 WEATHER VANE ROAD			Amount of Each Receipt this Period 5.00	
City RICHMOND	State VA	Zip Code 23238-	<input type="checkbox"/> Memo Item <b>CONTRIBUTION</b>	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 250.00		
Name of Employer SELF EMPLOYED		Occupation DENTIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		NON CONTRIBUTION ACCOUNT; EARMARKED CONTRIBUTION FOR DONALD J TRUMP FOR PRESIDENT, INC. COMMITTEE ID		
Full Name (Last, First, Middle Initial) <b>C. MICHAEL MCMUNN, DDS</b>			Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 22 / 2016 <b>Transaction ID : SA17.353893</b>	
Mailing Address 10813 WEATHER VANE ROAD			Amount of Each Receipt this Period 45.00	
City RICHMOND	State VA	Zip Code 23238-	<input type="checkbox"/> Memo Item <b>CONTRIBUTION</b>	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 250.00		
Name of Employer SELF EMPLOYED		Occupation DENTIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		NON CONTRIBUTION ACCOUNT		
<b>SUBTOTAL</b> of Receipts This Page (optional).....			55.00	
<b>TOTAL</b> This Period (last page this line number only).....				

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 527 OF 2173

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17
------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	--

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)  
**A. MICHAEL MCMUNN, DDS**

Mailing Address 10813 WEATHER VANE ROAD

City	State	Zip Code
RICHMOND	VA	23238-

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

SELF EMPLOYED

Occupation

DENTIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

**06 / 22 / 2016**

**Transaction ID : SA17.353894**

Amount of Each Receipt this Period

45.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)  
**B. MICHAEL MCMUNN, DDS**

Mailing Address 10813 WEATHER VANE ROAD

City	State	Zip Code
RICHMOND	VA	23238-

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

SELF EMPLOYED

Occupation

DENTIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

**06 / 22 / 2016**

**Transaction ID : SA17.353895**

Amount of Each Receipt this Period

45.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)  
**C. GILL MCNEILL**

Mailing Address P.O. BOX 1504

City	State	Zip Code
LUMBERTON	NC	28359-

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

WILDWOODOUTDOOR INC.

Occupation

PRS.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

**06 / 21 / 2016**

**Transaction ID : SA17.348463**

Amount of Each Receipt this Period

250.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

340.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. PAT MCNEILUS**

Mailing Address 668 KINZIE ISLAND COURT

City  
SANIBELState  
FLZip Code  
33957-FEC ID number of contributing  
federal political committee.

C

Name of Employer

MCNEILUS STEEL INC

Occupation

OWNER OF STEEL BUSINESS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	01	/	2016

Transaction ID : SA17.348685

Amount of Each Receipt this Period

1000.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**B. RONALD J. MEAD**

Mailing Address 16038 LOS ALIMOS ST.

City

GRANADA HILLS

State

CA

Zip Code

91344-5359

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	21	/	2016

Transaction ID : SA17.345907

Amount of Each Receipt this Period

50.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**C. RONALD J. MEAD**

Mailing Address 16038 LOS ALIMOS ST.

City

GRANADA HILLS

State

CA

Zip Code

91344-5359

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	08	/	2016

Transaction ID : SA17.346977

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1150.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 529 OF 2173

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. POLLY MENDES**

Mailing Address 900 77TH AVE

City	State	Zip Code
OAKLAND	CA	94621-

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CREATIVE WOOD PRODUCTS INCOccupation  
CFO/OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	16	/	2016

Transaction ID : SA17.348439

Amount of Each Receipt this Period

250.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**B. THOMAS MENDOLIA**

Mailing Address 116 QUINCY CT

City	State	Zip Code
MOORESVILLE	NC	28117-

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	03	/	2016

Transaction ID : SA17.348381

Amount of Each Receipt this Period

250.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**C. JOANN MEUNIER**

Mailing Address 301 WOLF SWAMP ROAD

City	State	Zip Code
LONGMEADOW	MA	01106-3220

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	17	/	2016

Transaction ID : SA17.348441

Amount of Each Receipt this Period

250.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

750.00

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 530 OF 2173

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. BARRY MEYER**

Mailing Address 13706 SPENCE RD

City	State	Zip Code
THREE RIVERS	MI	49093-

FEC ID number of contributing federal political committee.

C

Name of Employer  
MEYER HYDRAULICS CORP.

Occupation  
CORPORATE OFFICER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	28	/	2016

Transaction ID : SA17.348548

Amount of Each Receipt this Period

250.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**B. DAVID MICHAEL**

Mailing Address 3406 MARYWOOD DR.

City	State	Zip Code
SPRING	TX	77388-5176

FEC ID number of contributing federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	28	/	2016

Transaction ID : SA17.348073

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**C. DAVID MICHAEL**

Mailing Address 3406 MARYWOOD DR.

City	State	Zip Code
SPRING	TX	77388-5176

FEC ID number of contributing federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	11	/	2016

Transaction ID : SA17.349471

Amount of Each Receipt this Period

5.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT; EARMARKED  
CONTRIBUTION FOR DONALD J TRUMP FOR  
PRESIDENT, INC. COMMITTEE ID

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

355.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 531 OF 2173

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DAVID MICHAEL**

Mailing Address 3406 MARYWOOD DR.

City  
 SPRING

State  
 TX

Zip Code  
 77388-5176

FEC ID number of contributing  
 federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 11 / 2016

Transaction ID : SA17.353650

Amount of Each Receipt this Period

45.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**B. DENNIS MICHAELIS**

Mailing Address 239 MIDLAND DR.

City

GRANITEVILLE

State

SC

Zip Code

29829-

FEC ID number of contributing  
 federal political committee.

C

Name of Employer

SEKF

Occupation

INSURANCE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 26 / 2016

Transaction ID : SA17.348661

Amount of Each Receipt this Period

500.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**C. CYNTHIA MILEY**

Mailing Address P.O. BOX 12952

City

TUCSON

State

AZ

Zip Code

85732-2952

FEC ID number of contributing  
 federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 25 / 2016

Transaction ID : SA17.347948

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

645.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

## **A. CYNTHIA MILEY**

Mailing Address P.O. BOX 12952

City  
TUCSON

State  
AZ

Zip Code  
85732-2952

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 13 / 2016

Transaction ID : SA17.349809

Amount of Each Receipt this Period

5.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT; EARMARKED  
CONTRIBUTION FOR DONALD J TRUMP FOR  
PRESIDENT, INC. COMMITTEE ID

Full Name (Last, First, Middle Initial)

## **B. CYNTHIA MILEY**

Mailing Address P.O. BOX 12952

City  
TUCSON

State  
AZ

Zip Code  
85732-2952

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 13 / 2016

Transaction ID : SA17.352630

Amount of Each Receipt this Period

20.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

## **C. GARY MILLER**

Mailing Address 9614 STERN LANE

City  
BROWNS VALLEY

State  
CA

Zip Code  
95918-9707

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF

Occupation

REAL ESTATE BROKERAGE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 13 / 2016

Transaction ID : SA17.341848

Amount of Each Receipt this Period

25.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

50.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 533 OF 2173

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)  
**A. GARY MILLER**

Mailing Address 9614 STERN LANE

City	State	Zip Code
BROWNS VALLEY	CA	95918-9707

FEC ID number of contributing federal political committee.

C

Name of Employer

SELF

Occupation

REAL ESTATE BROKERAGE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	08	/	2016

Transaction ID : SA17.345191

Amount of Each Receipt this Period

50.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)  
**B. GARY MILLER**

Mailing Address 9614 STERN LANE

City	State	Zip Code
BROWNS VALLEY	CA	95918-9707

FEC ID number of contributing federal political committee.

C

Name of Employer

SELF

Occupation

REAL ESTATE BROKERAGE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	28	/	2016

Transaction ID : SA17.346396

Amount of Each Receipt this Period

50.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)  
**C. GLYNNE MILLER**

Mailing Address 755 S. EDGEVIEW CIRCLE

City	State	Zip Code
ANAHEIM	CA	92808-1402

FEC ID number of contributing federal political committee.

C

Name of Employer

EXCEL TIRE

Occupation

SALES/MARKETING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2016

Transaction ID : SA17.348576

Amount of Each Receipt this Period

250.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

350.00

**SCHEDULE A (FEC Form 3X)**  
**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"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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 NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial) <b>A. SHERLIE A MILLER</b>			Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>06</td> <td></td> <td>25</td> <td></td> <td>2016</td> </tr> </table>		M M M	/	D D D	/	Y Y Y Y Y Y	06		25		2016
M M M	/	D D D	/	Y Y Y Y Y Y										
06		25		2016										
Mailing Address P.O. BOX 2346			<b>Transaction ID : SA17.348521</b>											
City HICKORY	State NC	Zip Code 28603-	Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="5">250.00</td> </tr> </table>		250.00									
250.00														
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item CONTRIBUTION												
Name of Employer RETIRED		Occupation RETIRED												
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <table border="1"> <tr> <td colspan="5">250.00</td> </tr> </table>			250.00									
250.00														
			NON CONTRIBUTION ACCOUNT											

Full Name (Last, First, Middle Initial) <b>B. CHRIS MINNICK</b>			Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>06</td> <td></td> <td>16</td> <td></td> <td>2016</td> </tr> </table>		M M M	/	D D D	/	Y Y Y Y Y Y	06		16		2016
M M M	/	D D D	/	Y Y Y Y Y Y										
06		16		2016										
Mailing Address 2831 N. PEACH HOLLOW CIRCLE			<b>Transaction ID : SA17.348431</b>											
City PEARLAND	State TX	Zip Code 77584-	Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="5">250.00</td> </tr> </table>		250.00									
250.00														
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item CONTRIBUTION												
Name of Employer RETIRED		Occupation RETIRED												
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <table border="1"> <tr> <td colspan="5">250.00</td> </tr> </table>			250.00									
250.00														
			NON CONTRIBUTION ACCOUNT											

Full Name (Last, First, Middle Initial) <b>C. JULIAN V MIRAGLIA</b>			Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>06</td> <td></td> <td>08</td> <td></td> <td>2016</td> </tr> </table>		M M M	/	D D D	/	Y Y Y Y Y Y	06		08		2016
M M M	/	D D D	/	Y Y Y Y Y Y										
06		08		2016										
Mailing Address 529 FAYETTE ST.			<b>Transaction ID : SA17.348595</b>											
City CONSHOHOCKEN	State PA	Zip Code 19428-	Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="5">500.00</td> </tr> </table>		500.00									
500.00														
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item CONTRIBUTION												
Name of Employer RETIRED		Occupation RETIRED												
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <table border="1"> <tr> <td colspan="5">500.00</td> </tr> </table>			500.00									
500.00														
			NON CONTRIBUTION ACCOUNT											

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1000.00				
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# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

## **A. DENNIS MITCHEM**

Mailing Address 1616 W GLINDALE AV,  
 588

City State Zip Code  
 PHOENIX AZ 85021-

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 08 / 2016

Transaction ID : SA17.346965

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

## **B. FRANK MITCHUM**

Mailing Address 12106 SUMMERLAND RIDGE LN

City State Zip Code  
 HOUSTON TX 77041-6894

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 21 / 2016

Transaction ID : SA17.347652

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

## **C. MICHAEL MITCHELL**

Mailing Address 7515 GREENVILLE AVE, SUITE 905

City State Zip Code  
 DALLAS TX 75231-

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MITCHELL ENERGY ADVISORS

Occupation

INVESTMENT BANKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 18 / 2016

Transaction ID : SA17.348721

Amount of Each Receipt this Period

1000.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1200.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

## **A. PAUL MITCHELL**

Mailing Address 19470 HAWKINS ROAD

City State Zip Code  
 MADILL OK 73446-6665

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

06 / 03 / 2016

Transaction ID : SA17.340701

Amount of Each Receipt this Period

25.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

## **B. PAUL MITCHELL**

Mailing Address 19470 HAWKINS ROAD

City State Zip Code  
 MADILL OK 73446-6665

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

06 / 17 / 2016

Transaction ID : SA17.345646

Amount of Each Receipt this Period

50.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

## **C. MARILYN MITSCH**

Mailing Address 4 CHARLEY LAKE COURT

City State Zip Code  
 SAINT PAUL MN 55127-

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

06 / 30 / 2016

Transaction ID : SA17.348282

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

175.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial) <b>A. WALKER MIZELL</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 22 / 2016 <b>Transaction ID : SA17.346747</b>
Mailing Address 45120 DORMAN PLACE		Amount of Each Receipt this Period 75.00
City CALLAHAN	State FL	Zip Code 32011-3829
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item CONTRIBUTION
Name of Employer RETIRED	Occupation RETIRED	NON CONTRIBUTION ACCOUNT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	

Full Name (Last, First, Middle Initial) <b>B. WALKER MIZELL</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 12 / 2016 <b>Transaction ID : SA17.348419</b>
Mailing Address 45120 DORMAN PLACE		Amount of Each Receipt this Period 250.00
City CALLAHAN	State FL	Zip Code 32011-3829
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item CONTRIBUTION
Name of Employer RETIRED	Occupation RETIRED	NON CONTRIBUTION ACCOUNT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	

Full Name (Last, First, Middle Initial) <b>C. RAYMOND MOFFETT</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 07 / 2016 <b>Transaction ID : SA17.345066</b>
Mailing Address 35201 TATE CT		Amount of Each Receipt this Period 50.00
City ROUND HILL	State VA	Zip Code 20141-2587
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item CONTRIBUTION
Name of Employer RETIRED	Occupation RETIRED	NON CONTRIBUTION ACCOUNT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	

**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

375.00

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 538 OF 2173

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17
------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	--

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. RAYMOND MOFFETT**

Mailing Address 35201 TATE CT

City  
ROUND HILL

State Zip Code  
VA 20141-2587

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 22 / 2016

Transaction ID : SA17.350068

Amount of Each Receipt this Period

5.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT; EARMARKED  
CONTRIBUTION FOR DONALD J TRUMP FOR  
PRESIDENT, INC. COMMITTEE ID

Full Name (Last, First, Middle Initial)

**B. RAYMOND MOFFETT**

Mailing Address 35201 TATE CT

City  
ROUND HILL

State Zip Code  
VA 20141-2587

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 22 / 2016

Transaction ID : SA17.352763

Amount of Each Receipt this Period

20.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**C. VINCENT J. MONTANTI**

Mailing Address 1560 SABAL PALM DRIVE

City  
BOCA RATON

State Zip Code  
FL 33432-

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MONTANTI ADVISORY SERVICES, INC.

Occupation

SELF EMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 23 / 2016

Transaction ID : SA17.348738

Amount of Each Receipt this Period

1000.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1025.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial) <b>A. MICHAEL MOONEY</b>			Date of Receipt <div> <div>M M / D D / Y Y Y Y Y Y</div> <div>06 / 20 / 2016</div> </div>	
Mailing Address 2717 N GEYER ROAD			<b>Transaction ID : SA17.333574</b>	
City SAINT LOUIS	State MO	Zip Code 63131-3318	Amount of Each Receipt this Period <div> <div>5000.00</div> </div>	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item <b>CONTRIBUTION</b>		
Name of Employer INFORMATION REQUESTED PER BEST EFFORTS		Occupation INFORMATION REQUESTED PER BEST EFFORTS		<b>NON CONTRIBUTION ACCOUNT</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <div>5000.00</div>		

Full Name (Last, First, Middle Initial) <b>B. ROBERT MOORE</b>			Date of Receipt <div> <div>M M / D D / Y Y Y Y Y Y</div> <div>06 / 18 / 2016</div> </div>	
Mailing Address 3838 OAK LAWN			<b>Transaction ID : SA17.348623</b>	
City DALLAS	State TX	Zip Code 75219-	Amount of Each Receipt this Period <div> <div>500.00</div> </div>	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item <b>CONTRIBUTION</b>		
Name of Employer SELF		Occupation PSYCHIATRIST		<b>NON CONTRIBUTION ACCOUNT</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <div>500.00</div>		

Full Name (Last, First, Middle Initial) <b>C. TIMOTHY MOORE</b>			Date of Receipt <div> <div>M M / D D / Y Y Y Y Y Y</div> <div>06 / 30 / 2016</div> </div>	
Mailing Address 6169 EAGLESNEST DR.			<b>Transaction ID : SA17.348574</b>	
City JUPITER	State FL	Zip Code 33458-	Amount of Each Receipt this Period <div> <div>250.00</div> </div>	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item <b>CONTRIBUTION</b>		
Name of Employer SELF		Occupation CONTRACTOR		<b>NON CONTRIBUTION ACCOUNT</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <div>250.00</div>		

**SUBTOTAL** of Receipts This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

5750.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

## **A. FRANK MORAN**

Mailing Address P O BOX 4848

City State Zip Code  
 SHREVEPORT LA 71134-0848

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 21 / 2016

Transaction ID : SA17.348727

Amount of Each Receipt this Period

1000.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

## **B. JOE MORAN**

Mailing Address 1732 EMORY OAK DRIVE

City State Zip Code  
 CHARLOTTE NC 28270-

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WORK FROM HOME

Occupation

ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 13 / 2016

Transaction ID : SA17.348420

Amount of Each Receipt this Period

250.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

## **C. MARTIN MOREHART**

Mailing Address BOX 231

City State Zip Code  
 SANTA PAULA CA 93061-

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF

Occupation

RANCHER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 23 / 2016

Transaction ID : SA17.348509

Amount of Each Receipt this Period

250.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1500.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 541 OF 2173

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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)  
**GREAT AMERICA PAC**

<p>Full Name (Last, First, Middle Initial)  <b>A. ELYCE MOUSKONDIS</b></p> <p>Mailing Address <b>841 N JUNIPERPOINT DRIVE</b></p> <p>City State Zip Code  <b>SALT LAKE CITY UT 84103-3357</b></p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation  <b>RETIRED RETIRED</b></p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  <b>350.00</b></p>		<p>Date of Receipt  <b>06 / 24 / 2016</b>  <b>Transaction ID : SA17.348516</b></p> <p>Amount of Each Receipt this Period  <b>250.00</b></p> <p><input type="checkbox"/> Memo Item  <b>CONTRIBUTION</b></p> <p><b>NON CONTRIBUTION ACCOUNT</b></p>
<p>Full Name (Last, First, Middle Initial)  <b>B. MARIJANA MOVER</b></p> <p>Mailing Address <b>11809 COBBLEFIELD CT</b></p> <p>City State Zip Code  <b>CHAMPAIGN IL 61822-</b></p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation  <b>N/A RN/UNEMPLOYED</b></p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  <b>250.00</b></p>		<p>Date of Receipt  <b>06 / 23 / 2016</b>  <b>Transaction ID : SA17.348508</b></p> <p>Amount of Each Receipt this Period  <b>250.00</b></p> <p><input type="checkbox"/> Memo Item  <b>CONTRIBUTION</b></p> <p><b>NON CONTRIBUTION ACCOUNT</b></p>
<p>Full Name (Last, First, Middle Initial)  <b>C. JOHN MULHALL</b></p> <p>Mailing Address <b>5222 25TH LN NW</b></p> <p>City State Zip Code  <b>OLYMPIA WA 98502-1589</b></p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation  <b>RETIRED RETIRED</b></p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  <b>400.00</b></p>		<p>Date of Receipt  <b>06 / 28 / 2016</b>  <b>Transaction ID : SA17.348101</b></p> <p>Amount of Each Receipt this Period  <b>100.00</b></p> <p><input type="checkbox"/> Memo Item  <b>CONTRIBUTION</b></p> <p><b>NON CONTRIBUTION ACCOUNT</b></p>
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p> <p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>		<p><b>600.00</b></p>

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**Full Name (Last, First, Middle Initial)  
**A. KATHRYN MULLANEY**

Mailing Address P.O. BOX 3127

City	State	Zip Code
NARRAGANSETT	RI	02882-0795

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	28	/	2016

Transaction ID : SA17.348745

Amount of Each Receipt this Period

1000.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)  
**B. GEOFFREY MULLER**

Mailing Address P.O. BOX 420848

City	State	Zip Code
SUMMERLAND KEY	FL	33042-

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	22	/	2016

Transaction ID : SA17.348636

Amount of Each Receipt this Period

500.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)  
**C. WILLIAM MULLINS**

Mailing Address 10 TWIN OAKS PLACE

City	State	Zip Code
LAUREL	MS	39440-9004

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HORTMAN HARLOW LAW

Occupation

LAWYER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	17	/	2016

Transaction ID : SA17.347382

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1600.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. JOHN MUNROE**

Mailing Address P.O. BOX 365

City  
**CORNVILLE**

State Zip Code  
**AZ 86325-**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**MYSELF**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**250.00**

Date of Receipt

**06 / 10 / 2016**

**Transaction ID : SA17.333953**

Amount of Each Receipt this Period

**250.00**

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**B. SAMUEL MURDOUGH**

Mailing Address 5801 BENT PINE DR.

City  
**VERO BEACH**

State Zip Code  
**FL 32967-7589**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**2700.00**

Date of Receipt

**06 / 08 / 2016**

**Transaction ID : SA17.348401**

Amount of Each Receipt this Period

**250.00**

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**C. SAMUEL MURDOUGH**

Mailing Address 5801 BENT PINE DR.

City  
**VERO BEACH**

State Zip Code  
**FL 32967-7589**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**2700.00**

Date of Receipt

**06 / 22 / 2016**

**Transaction ID : SA17.348734**

Amount of Each Receipt this Period

**1000.00**

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

**1500.00**

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)  
**A. ANNE MURPHY**

Mailing Address 19951 COLLIER ST

City State Zip Code  
 WOODLAND HILLS CA 91364-3504

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

N/A

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

**06 / 11 / 2016**

**Transaction ID : SA17.333865**

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)  
**B. PETER MURPHY**

Mailing Address 78154 SAN TIMOTEO

City State Zip Code  
 LAQUINTA CA 92253-

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

SELF

Occupation

SELF

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

**06 / 23 / 2016**

**Transaction ID : SA17.348772**

Amount of Each Receipt this Period

5000.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)  
**C. MITCHELL MYERS**

Mailing Address P.O. BOX 1230

City State Zip Code  
 HERMISTON OR 97838-3230

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

EPHA INC

Occupation

SELF EMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

**06 / 30 / 2016**

**Transaction ID : SA17.348263**

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

5200.00



# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

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for each category of the  
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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial) <b>A. MITCHELL MYERS</b>			Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 16 / 2016	
Mailing Address P.O. BOX 1230			<b>Transaction ID : SA17.348615</b>	
City HERMISTON	State OR	Zip Code 97838-3230	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item CONTRIBUTION	
Name of Employer EPHA INC		Occupation SELF EMPLOYED	NON CONTRIBUTION ACCOUNT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 700.00		

Full Name (Last, First, Middle Initial) <b>B. KEVIN NAGLE</b>			Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 25 / 2016	
Mailing Address 960 VILLA DEL SOL			<b>Transaction ID : SA17.348743</b>	
City EL DORADO HILLS	State CA	Zip Code 95762-3568	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item CONTRIBUTION	
Name of Employer JAGUAR VENTURES		Occupation CHAIRMAN	NON CONTRIBUTION ACCOUNT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 2000.00		

Full Name (Last, First, Middle Initial) <b>C. GLENN NAPIERSKIE</b>			Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 22 / 2016	
Mailing Address 5185 RANCHO QUINTA BEND			<b>Transaction ID : SA17.350743</b>	
City SAN DIEGO	State CA	Zip Code 92130-	Amount of Each Receipt this Period 5.00	
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item CONTRIBUTION	
Name of Employer RETIRED		Occupation RETIRED	NON CONTRIBUTION ACCOUNT; EARMARKED CONTRIBUTION FOR DONALD J TRUMP FOR PRESIDENT, INC. COMMITTEE ID	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00		

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1505.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17
------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	--

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. GLENN NAPIERSKIE**

Mailing Address 5185 RANCHO QUINTA BEND

City	State	Zip Code
SAN DIEGO	CA	92130-

FEC ID number of contributing federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	22	/	2016

Transaction ID : SA17.354373

Amount of Each Receipt this Period

245.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**B. JOY NASH**

Mailing Address 25594 CANAL ROAD

City	State	Zip Code
ORANGE BEACH	AL	36561-

FEC ID number of contributing federal political committee.

C

Name of Employer

REAL ESTATE CLOSINGS

Occupation

OWNER/MEMBER OF AN LLC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	02	/	2016

Transaction ID : SA17.348376

Amount of Each Receipt this Period

250.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**C. EDWARD NAWY**

Mailing Address 33 SILVER CHARM ROAD

City	State	Zip Code
MANALAPAN	NJ	07726-

FEC ID number of contributing federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	03	/	2016

Transaction ID : SA17.349213

Amount of Each Receipt this Period

5.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT; EARMARKED CONTRIBUTION FOR DONALD J TRUMP FOR PRESIDENT, INC. COMMITTEE ID

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

500.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. EDWARD NAWY**

Mailing Address 33 SILVER CHARM ROAD

City  
 MANALAPAN

State Zip Code  
 NJ 07726-

FEC ID number of contributing  
 federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 11 / 2016

Transaction ID : SA17.349450

Amount of Each Receipt this Period

5.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT; EARMARKED  
 CONTRIBUTION FOR DONALD J TRUMP FOR  
 PRESIDENT, INC. COMMITTEE ID

Full Name (Last, First, Middle Initial)

**B. EDWARD NAWY**

Mailing Address 33 SILVER CHARM ROAD

City  
 MANALAPAN

State Zip Code  
 NJ 07726-

FEC ID number of contributing  
 federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 03 / 2016

Transaction ID : SA17.354071

Amount of Each Receipt this Period

95.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**C. EDWARD NAWY**

Mailing Address 33 SILVER CHARM ROAD

City  
 MANALAPAN

State Zip Code  
 NJ 07726-

FEC ID number of contributing  
 federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 11 / 2016

Transaction ID : SA17.354100

Amount of Each Receipt this Period

95.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

195.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial) <b>A. GILBERT NELSON</b>			Date of Receipt <div> <div>M M / D D / Y Y Y Y Y Y</div> <div>06 / 10 / 2016</div> </div>	
Mailing Address 6076 FOREST GREEN ROAD			<b>Transaction ID : SA17.347142</b>	
City PENSACOLA	State FL	Zip Code 32505-	Amount of Each Receipt this Period <div> <div>100.00</div> </div>	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item		
Name of Employer RETIRED		Occupation RETIRED		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <div> <div>225.00</div> </div>		
			CONTRIBUTION	
			NON CONTRIBUTION ACCOUNT	

Full Name (Last, First, Middle Initial) <b>B. GILBERT NELSON</b>			Date of Receipt <div> <div>M M / D D / Y Y Y Y Y Y</div> <div>06 / 30 / 2016</div> </div>	
Mailing Address 6076 FOREST GREEN ROAD			<b>Transaction ID : SA17.348204</b>	
City PENSACOLA	State FL	Zip Code 32505-	Amount of Each Receipt this Period <div> <div>100.00</div> </div>	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item		
Name of Employer RETIRED		Occupation RETIRED		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <div> <div>225.00</div> </div>		
			CONTRIBUTION	
			NON CONTRIBUTION ACCOUNT	

Full Name (Last, First, Middle Initial) <b>C. GILBERT NELSON</b>			Date of Receipt <div> <div>M M / D D / Y Y Y Y Y Y</div> <div>06 / 11 / 2016</div> </div>	
Mailing Address 6076 FOREST GREEN ROAD			<b>Transaction ID : SA17.349572</b>	
City PENSACOLA	State FL	Zip Code 32505-	Amount of Each Receipt this Period <div> <div>5.00</div> </div>	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item		
Name of Employer RETIRED		Occupation RETIRED		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <div> <div>225.00</div> </div>		
			CONTRIBUTION	
			NON CONTRIBUTION ACCOUNT; EARMARKED CONTRIBUTION FOR DONALD J TRUMP FOR PRESIDENT, INC. COMMITTEE ID	

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

205.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
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(check only one)

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<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**Full Name (Last, First, Middle Initial)  
**A. GILBERT NELSON**

Mailing Address 6076 FOREST GREEN ROAD

City	State	Zip Code
PENSACOLA	FL	32505-

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	11	/	2016

Transaction ID : SA17.352512

Amount of Each Receipt this Period

20.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)  
**B. ROBERT NELSON**

Mailing Address 23042 SNAPPER LANE

City	State	Zip Code
CUD JOE KEY	FL	33042-

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SKY LOGISTICS AND DISTRIBUTION

Occupation

MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	17	/	2016

Transaction ID : SA17.347363

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)  
**C. ROBERT NELSON**

Mailing Address 23042 SNAPPER LANE

City	State	Zip Code
CUD JOE KEY	FL	33042-

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SKY LOGISTICS AND DISTRIBUTION

Occupation

MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	21	/	2016

Transaction ID : SA17.347547

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

220.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

## **A. ADELE NEVINS**

Mailing Address 2380 KINGFISH RD

City State Zip Code  
NAPLES FL 34102-

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2700.00

Date of Receipt

06 / 22 / 2016

Transaction ID : SA17.348768

Amount of Each Receipt this Period

2700.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

## **B. DENNIS NEWMAN**

Mailing Address 2500 STAFFORD ROAD

City State Zip Code  
WESTLAKE VILLAGE CA 91361-

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF

Occupation

BUSINESS OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

06 / 10 / 2016

Transaction ID : SA17.348415

Amount of Each Receipt this Period

250.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

## **C. DENNIS NEWMAN**

Mailing Address 2500 STAFFORD ROAD

City State Zip Code  
WESTLAKE VILLAGE CA 91361-

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF

Occupation

BUSINESS OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

06 / 08 / 2016

Transaction ID : SA17.348600

Amount of Each Receipt this Period

500.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

3450.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial) <b>A. ROBERT NICHOLSON</b>			Date of Receipt <div> <div>M M / D D / Y Y Y Y Y Y</div> <div>06 / 21 / 2016</div> </div>
Mailing Address 176 SUNSET CIRCLE NORTH			<b>Transaction ID : SA17.347606</b>
City SAINT AUGUSTINE	State FL	Zip Code 32080-	Amount of Each Receipt this Period <div> <div>100.00</div> </div>
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item CONTRIBUTION
Name of Employer RETIRED	Occupation RETIRED		NON CONTRIBUTION ACCOUNT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <div> <div>1100.00</div> </div>	

Full Name (Last, First, Middle Initial) <b>B. ROBERT NICHOLSON</b>			Date of Receipt <div> <div>M M / D D / Y Y Y Y Y Y</div> <div>06 / 25 / 2016</div> </div>
Mailing Address 176 SUNSET CIRCLE NORTH			<b>Transaction ID : SA17.347970</b>
City SAINT AUGUSTINE	State FL	Zip Code 32080-	Amount of Each Receipt this Period <div> <div>100.00</div> </div>
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item CONTRIBUTION
Name of Employer RETIRED	Occupation RETIRED		NON CONTRIBUTION ACCOUNT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <div> <div>1100.00</div> </div>	

Full Name (Last, First, Middle Initial) <b>C. JOSEPH NOGA</b>			Date of Receipt <div> <div>M M / D D / Y Y Y Y Y Y</div> <div>06 / 01 / 2016</div> </div>
Mailing Address 9506 HUNT CLUB LANE			<b>Transaction ID : SA17.334152</b>
City CHATSWORTH	State CA	Zip Code 91311-	Amount of Each Receipt this Period <div> <div>500.00</div> </div>
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item CONTRIBUTION
Name of Employer RETIRED	Occupation RETIRED		NON CONTRIBUTION ACCOUNT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <div> <div>500.00</div> </div>	

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

700.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
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<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**Full Name (Last, First, Middle Initial)  
**A. JEROME NOWAK**Mailing Address **8 HUNTERS DRIVE**

City	State	Zip Code
LANCASTER	NY	14086-

FEC ID number of contributing  
federal political committee.**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	10	/	2016

Transaction ID : **SA17.348607**

Amount of Each Receipt this Period

500.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)  
**B. CHARLES O' BRIEN**Mailing Address **517 EWING AVENUE,P.O. BOX 136**

City	State	Zip Code
FRANKLIN LAKES	NJ	07417-0136

FEC ID number of contributing  
federal political committee.**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	02	/	2016

Transaction ID : **SA17.346837**

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)  
**C. CHARLES O' BRIEN**Mailing Address **517 EWING AVENUE,P.O. BOX 136**

City	State	Zip Code
FRANKLIN LAKES	NJ	07417-0136

FEC ID number of contributing  
federal political committee.**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	08	/	2016

Transaction ID : **SA17.347026**

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

700.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

## **A. DEREK O' BRIEN**

Mailing Address 12759 BIGGIN CHURCH ROAD SOUTH

City State Zip Code  
 JACKSONVILLE FL 32224-7934

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 OB3 HOLDINGS INC.

Occupation  
 BUSINESS OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

**06 / 14 / 2016**

**Transaction ID : SA17.348423**

Amount of Each Receipt this Period

250.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

## **B. THOMAS O'BOYLE**

Mailing Address 7295

City State Zip Code  
 MANHATTAN KS 66503-

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 ULTRA ELECTRONICS ICE

Occupation  
 BUSINESS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

**06 / 26 / 2016**

**Transaction ID : SA17.348526**

Amount of Each Receipt this Period

250.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

## **C. JOE O'MALLEY**

Mailing Address 10305 S 176TH

City State Zip Code  
 OMAHA NE 68136-

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 ON-LINE IMAGING

Occupation  
 SALES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

**06 / 29 / 2016**

**Transaction ID : SA17.351561**

Amount of Each Receipt this Period

5.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT; EARMARKED  
CONTRIBUTION FOR DONALD J TRUMP FOR  
PRESIDENT, INC. COMMITTEE ID

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

505.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
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<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. JOE O'MALLEY**

Mailing Address 10305 S 176TH

City  
OMAHAState  
NEZip Code  
68136-FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ON-LINE IMAGINGOccupation  
SALES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	29	/	2016

Transaction ID : SA17.354419

Amount of Each Receipt this Period

245.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**B. WOODWARD ODIORNE**

Mailing Address 372 LUCKY HILL ROAD

City

WEST CHESTER

State

PA

Zip Code

19382-2049

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELFOccupation  
FINANCIAL CONSULTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	19	/	2016

Transaction ID : SA17.348347

Amount of Each Receipt this Period

200.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**C. JIM OESTREICH**

Mailing Address 317 LIXTON CT

City

ROSEVILLE

State

CA

Zip Code

95747-9504

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	27	/	2016

Transaction ID : SA17.348663

Amount of Each Receipt this Period

500.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ▶

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945.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

## **A. MAUREEN OLEARY**

Mailing Address 73 LAUREL DRIVE

City State Zip Code  
 LITTLE RIVER SC 29566-7525

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 27 / 2016

Transaction ID : SA17.344045

Amount of Each Receipt this Period

25.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

## **B. MAUREEN OLEARY**

Mailing Address 73 LAUREL DRIVE

City State Zip Code  
 LITTLE RIVER SC 29566-7525

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 17 / 2016

Transaction ID : SA17.345580

Amount of Each Receipt this Period

50.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

## **C. MAUREEN OLEARY**

Mailing Address 73 LAUREL DRIVE

City State Zip Code  
 LITTLE RIVER SC 29566-7525

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 21 / 2016

Transaction ID : SA17.345787

Amount of Each Receipt this Period

50.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

125.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial) <b>A. JANET OLSEN</b>			Date of Receipt <div> <div>M M / D D / Y Y Y Y Y Y</div> <div>06 / 15 / 2016</div> </div>	
Mailing Address 10 E 29TH ST. 30 C			<b>Transaction ID : SA17.341969</b>	
City NEW YORK CITY	State NY	Zip Code 10016-	Amount of Each Receipt this Period <div> <div>25.00</div> </div>	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item CONTRIBUTION		
Name of Employer RETIRED		Occupation RETIRED		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <div> <div>225.00</div> </div>		
			NON CONTRIBUTION ACCOUNT	

Full Name (Last, First, Middle Initial) <b>B. JANET OLSEN</b>			Date of Receipt <div> <div>M M / D D / Y Y Y Y Y Y</div> <div>06 / 27 / 2016</div> </div>	
Mailing Address 10 E 29TH ST. 30 C			<b>Transaction ID : SA17.348032</b>	
City NEW YORK CITY	State NY	Zip Code 10016-	Amount of Each Receipt this Period <div> <div>100.00</div> </div>	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item CONTRIBUTION		
Name of Employer RETIRED		Occupation RETIRED		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <div> <div>225.00</div> </div>		
			NON CONTRIBUTION ACCOUNT	

Full Name (Last, First, Middle Initial) <b>C. LESTER OLSON</b>			Date of Receipt <div> <div>M M / D D / Y Y Y Y Y Y</div> <div>06 / 11 / 2016</div> </div>	
Mailing Address P.O. BOX 9328			<b>Transaction ID : SA17.349418</b>	
City SALT LAKE CITY	State UT	Zip Code 84109-	Amount of Each Receipt this Period <div> <div>5.00</div> </div>	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item CONTRIBUTION		
Name of Employer RETIRED		Occupation RETIRED		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <div> <div>500.00</div> </div>		
			NON CONTRIBUTION ACCOUNT; EARMARKED CONTRIBUTION FOR DONALD J TRUMP FOR PRESIDENT, INC. COMMITTEE ID	

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

130.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
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<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. LESTER OLSON**

Mailing Address P.O. BOX 9328

City	State	Zip Code
SALT LAKE CITY	UT	84109-

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	11	/	2016

Transaction ID : SA17.354429

Amount of Each Receipt this Period

495.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**B. WAYNE ONDREJKO**

Mailing Address 3448 WILMINGTON ROAD

City	State	Zip Code
LEBANON	OH	45036-8915

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	08	/	2016

Transaction ID : SA17.347036

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**C. ROBERT ORTH**

Mailing Address 1600 NW 12THST

City	State	Zip Code
BLUE SPRINGS	MO	64015-1776

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	05	/	2016

Transaction ID : SA17.340840

Amount of Each Receipt this Period

25.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

620.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

<b>A. PATRICIA OTANDER</b> Full Name (Last, First, Middle Initial) Mailing Address 2252 BUTTS RD City ASHVILLE State NY Zip Code 14710- FEC ID number of contributing federal political committee. C Name of Employer RETIRED Occupation RETIRED Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 2000.00			Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 25 / 2016 <b>Transaction ID : SA17.348741</b> Amount of Each Receipt this Period 1000.00 <input type="checkbox"/> Memo Item CONTRIBUTION NON CONTRIBUTION ACCOUNT
<b>B. PATRICIA OTANDER</b> Full Name (Last, First, Middle Initial) Mailing Address 2252 BUTTS RD City ASHVILLE State NY Zip Code 14710- FEC ID number of contributing federal political committee. C Name of Employer RETIRED Occupation RETIRED Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 2000.00			Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 25 / 2016 <b>Transaction ID : SA17.348742</b> Amount of Each Receipt this Period 1000.00 <input type="checkbox"/> Memo Item CONTRIBUTION NON CONTRIBUTION ACCOUNT
<b>C. GUS OWEN</b> Full Name (Last, First, Middle Initial) Mailing Address 10455 N. CENTRAL EXPY. 109-332 City DALLAS State TX Zip Code 75230- FEC ID number of contributing federal political committee. C Name of Employer RETIRED Occupation RETIRED Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 750.00			Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 29 / 2016 <b>Transaction ID : SA17.348556</b> Amount of Each Receipt this Period 250.00 <input type="checkbox"/> Memo Item CONTRIBUTION NON CONTRIBUTION ACCOUNT
<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶			2250.00
<b>TOTAL</b> This Period (last page this line number only)..... ▶			

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

## **A. GUS OWEN**

Mailing Address 10455 N. CENTRAL EXPY.  
 109-332

City State Zip Code  
 DALLAS TX 75230-

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 02 / 2016

Transaction ID : SA17.348858

Amount of Each Receipt this Period

5.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT; EARMARKED  
CONTRIBUTION FOR DONALD J TRUMP FOR  
PRESIDENT, INC. COMMITTEE ID

Full Name (Last, First, Middle Initial)

## **B. GUS OWEN**

Mailing Address 10455 N. CENTRAL EXPY.  
 109-332

City State Zip Code  
 DALLAS TX 75230-

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 02 / 2016

Transaction ID : SA17.354377

Amount of Each Receipt this Period

245.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

## **C. PERRY OZBURN**

Mailing Address 1070 OSBURN HOLLOW ROAD

City State Zip Code  
 ARRINGTON TN 37014-

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 22 / 2016

Transaction ID : SA17.350489

Amount of Each Receipt this Period

5.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT; EARMARKED  
CONTRIBUTION FOR DONALD J TRUMP FOR  
PRESIDENT, INC. COMMITTEE ID

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

255.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

## **A. PERRY OZBURN**

Mailing Address 1070 OSBURN HOLLOW ROAD

City State Zip Code  
 ARRINGTON TN 37014-

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 22 / 2016

Transaction ID : SA17.354447

Amount of Each Receipt this Period

995.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

## **B. SHEILA PALANDJIAN**

Mailing Address P.O. BOX 422

City State Zip Code  
 BELMONT MA 02478-0004

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 10 / 2016

Transaction ID : SA17.347138

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

## **C. SHEILA PALANDJIAN**

Mailing Address P.O. BOX 422

City State Zip Code  
 BELMONT MA 02478-0004

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 11 / 2016

Transaction ID : SA17.354663

Amount of Each Receipt this Period

5.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT; EARMARKED  
CONTRIBUTION FOR DONALD J TRUMP FOR  
PRESIDENT, INC. COMMITTEE ID

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1100.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
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(check only one)

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<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

<b>A. STEVEN PANAGIOTES</b> Full Name (Last, First, Middle Initial) Mailing Address 656 STRAWBERRY HILL ROAD City CONCORD State MA Zip Code 01742- FEC ID number of contributing federal political committee. C Name of Employer SELF Occupation LAWYER Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 17 / 2016 <b>Transaction ID : SA17.348445</b> Amount of Each Receipt this Period 250.00 <input type="checkbox"/> Memo Item CONTRIBUTION NON CONTRIBUTION ACCOUNT
<b>B. CHERYL PARKINSON</b> Full Name (Last, First, Middle Initial) Mailing Address 703 SANDY LANE City FLOWER MOUND State TX Zip Code 75022- FEC ID number of contributing federal political committee. C Name of Employer RETIRED Occupation RETIRED Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 30 / 2016 <b>Transaction ID : SA17.348563</b> Amount of Each Receipt this Period 250.00 <input type="checkbox"/> Memo Item CONTRIBUTION NON CONTRIBUTION ACCOUNT
<b>C. GEORGE PARMER</b> Full Name (Last, First, Middle Initial) Mailing Address 5300 DERRY STREET City HARRISBURG State PA Zip Code 17111- FEC ID number of contributing federal political committee. C Name of Employer DERRY STREET MANAGEMENT Occupation EXECUTIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 15 / 2016 <b>Transaction ID : SA17.348706</b> Amount of Each Receipt this Period 1000.00 <input type="checkbox"/> Memo Item CONTRIBUTION NON CONTRIBUTION ACCOUNT
<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶		1500.00
<b>TOTAL</b> This Period (last page this line number only)..... ▶		

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
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(check only one)

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<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)  
**A. CHARLES PARSONS**

Mailing Address 104 RICHARD RD

City State Zip Code  
SYRACUSE NY 13215-1530

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	10	/	2016

**Transaction ID : SA17.348414**

Amount of Each Receipt this Period

250.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)  
**B. SANFORD PASSER**

Mailing Address 28400 NORTHWESTERN HWY SUITE 130

City State Zip Code  
SOUTHFIELD MI 48034-8346

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
SELF ATTORNEY/INVESTOR

Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	08	/	2016

**Transaction ID : SA17.348398**

Amount of Each Receipt this Period

250.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)  
**C. GUY PATTERSON**

Mailing Address 8585 MABEL DRIVE

City State Zip Code  
JACKSONVILLE FL 32256-

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
COASTAL RESOURCES, INC REAL ESTATE DEVELOPER

Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	20	/	2016

**Transaction ID : SA17.348628**

Amount of Each Receipt this Period

500.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1000.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

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☐ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)  
**A. GUY PATTERSON**

Mailing Address **8585 MABEL DRIVE**

City State Zip Code  
**JACKSONVILLE FL 32256-**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**COASTAL RESOURCES, INC**

Occupation  
**REAL ESTATE DEVELOPER**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**1000.00**

Date of Receipt

**06 / 23 / 2016**

**Transaction ID : SA17.348647**

Amount of Each Receipt this Period

**500.00**

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)  
**B. CLIFFORD PAUL**

Mailing Address **7434 EAST MC DONALD DRIVE**

City State Zip Code  
**SCOTTSDALE AZ 85250-**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**PK ASSOCIATES, LLC**

Occupation  
**STRUCTURAL ENGINEER**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**500.00**

Date of Receipt

**06 / 22 / 2016**

**Transaction ID : SA17.350546**

Amount of Each Receipt this Period

**5.00**

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT; EARMARKED  
CONTRIBUTION FOR DONALD J TRUMP FOR  
PRESIDENT, INC. COMMITTEE ID

Full Name (Last, First, Middle Initial)  
**C. CLIFFORD PAUL**

Mailing Address **7434 EAST MC DONALD DRIVE**

City State Zip Code  
**SCOTTSDALE AZ 85250-**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**PK ASSOCIATES, LLC**

Occupation  
**STRUCTURAL ENGINEER**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**500.00**

Date of Receipt

**06 / 22 / 2016**

**Transaction ID : SA17.354424**

Amount of Each Receipt this Period

**495.00**

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

**1000.00**

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. BILLY PAYNE**

Mailing Address 622 WOODLAND DR.

City  
 CLINTON

State  
 TN

Zip Code  
 37716-3425

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

06 / 17 / 2016

Transaction ID : SA17.342334

Amount of Each Receipt this Period

25.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**B. BILLY PAYNE**

Mailing Address 622 WOODLAND DR.

City  
 CLINTON

State  
 TN

Zip Code  
 37716-3425

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

06 / 17 / 2016

Transaction ID : SA17.342335

Amount of Each Receipt this Period

25.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**C. BILLY PAYNE**

Mailing Address 622 WOODLAND DR.

City  
 CLINTON

State  
 TN

Zip Code  
 37716-3425

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

06 / 24 / 2016

Transaction ID : SA17.343637

Amount of Each Receipt this Period

25.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

75.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. BILLY PAYNE**

Mailing Address 622 WOODLAND DR.

City  
CLINTON

State  
TN

Zip Code  
37716-3425

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 27 / 2016

Transaction ID : SA17.343934

Amount of Each Receipt this Period

25.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**B. BILLY PAYNE**

Mailing Address 622 WOODLAND DR.

City  
CLINTON

State  
TN

Zip Code  
37716-3425

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 04 / 2016

Transaction ID : SA17.345006

Amount of Each Receipt this Period

50.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**C. BILLY PAYNE**

Mailing Address 622 WOODLAND DR.

City  
CLINTON

State  
TN

Zip Code  
37716-3425

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 14 / 2016

Transaction ID : SA17.345406

Amount of Each Receipt this Period

50.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

125.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
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(check only one)

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<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17
------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	--

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. BILLY PAYNE**

Mailing Address 622 WOODLAND DR.

City  
CLINTONState  
TNZip Code  
37716-3425FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6			1	6		2	0	1	6		

Transaction ID : SA17.345464

Amount of Each Receipt this Period

50.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**B. BILLY PAYNE**

Mailing Address 622 WOODLAND DR.

City  
CLINTONState  
TNZip Code  
37716-3425FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6			2	9		2	0	1	6		

Transaction ID : SA17.346545

Amount of Each Receipt this Period

50.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**C. JAMES PEARCE**

Mailing Address 3810 ZIEBER RD.

City  
SANTA ROSAState  
CAZip Code  
95404-2636FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6			2	6		2	0	1	6		

Transaction ID : SA17.343886

Amount of Each Receipt this Period

25.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

125.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

## **A. JAMES PEARCE**

Mailing Address 3810 ZIEBER RD.

City State Zip Code  
SANTA ROSA CA 95404-2636

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 22 / 2016

Transaction ID : SA17.350832

Amount of Each Receipt this Period

5.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT; EARMARKED  
CONTRIBUTION FOR DONALD J TRUMP FOR  
PRESIDENT, INC. COMMITTEE ID

Full Name (Last, First, Middle Initial)

## **B. JAMES PEARCE**

Mailing Address 3810 ZIEBER RD.

City State Zip Code  
SANTA ROSA CA 95404-2636

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 22 / 2016

Transaction ID : SA17.353882

Amount of Each Receipt this Period

45.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

## **C. DAN PEARSON**

Mailing Address 604 ENCHANTED LN

City State Zip Code  
BOSSIER CITY LA 71111-

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SHIELD MANAGEMENT

Occupation

BUSINESS OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 01 / 2016

Transaction ID : SA17.348589

Amount of Each Receipt this Period

500.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

550.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 568 OF 2173

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial) <b>A. HENRY PEARSON</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 15 / 2016 <b>Transaction ID : SA17.348611</b>
Mailing Address 4516 LOVERS LANE 137		Amount of Each Receipt this Period 500.00
City DALLAS	State TX	Zip Code 75225-
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item CONTRIBUTION
Name of Employer PEARSON CONSULTANTS, INC	Occupation CPA	NON CONTRIBUTION ACCOUNT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B. JOHN PECK JR.</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 07 / 2016 <b>Transaction ID : SA17.333910</b>
Mailing Address 5009 EL SECRETO #829		Amount of Each Receipt this Period 2500.00
City RANCHO SANTA FE	State CA	Zip Code 92067-
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item CONTRIBUTION
Name of Employer PECK ENTERPRISES	Occupation INVESTOR	NON CONTRIBUTION ACCOUNT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	

Full Name (Last, First, Middle Initial) <b>C. WALTER PEREYRA</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 28 / 2016 <b>Transaction ID : SA17.348669</b>
Mailing Address 148 E. LAKE SAMMAMISH PKWY. SE		Amount of Each Receipt this Period 500.00
City SAMMAMISH	State WA	Zip Code 98074-
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item CONTRIBUTION
Name of Employer PROFISH INTERNATIONAL	Occupation PRINCIPAL/CHAIRMAN	NON CONTRIBUTION ACCOUNT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3500.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. PAULETTE PERKINS**

Mailing Address 415 LACET LANE

City	State	Zip Code
ASPEN	CO	81611-

FEC ID number of contributing federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	21	/	2016

Transaction ID : SA17.348759

Amount of Each Receipt this Period

2000.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**B. KATHY PERRIZO**Mailing Address 6243 PARKHURST DRIVE  
6243 PARKHURST DRIVE

City	State	Zip Code
GOLETA	CA	93117-1625

FEC ID number of contributing federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

630.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	05	/	2016

Transaction ID : SA17.340842

Amount of Each Receipt this Period

25.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**C. KATHY PERRIZO**Mailing Address 6243 PARKHURST DRIVE  
6243 PARKHURST DRIVE

City	State	Zip Code
GOLETA	CA	93117-1625

FEC ID number of contributing federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

630.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	15	/	2016

Transaction ID : SA17.341976

Amount of Each Receipt this Period

25.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2050.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

## **A. KATHY PERRIZO**

Mailing Address 6243 PARKHURST DRIVE  
 6243 PARKHURST DRIVE

City State Zip Code  
 GOLETA CA 93117-1625

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

630.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 03 / 2016

Transaction ID : SA17.344995

Amount of Each Receipt this Period

50.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

## **B. KATHY PERRIZO**

Mailing Address 6243 PARKHURST DRIVE  
 6243 PARKHURST DRIVE

City State Zip Code  
 GOLETA CA 93117-1625

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

630.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 07 / 2016

Transaction ID : SA17.345049

Amount of Each Receipt this Period

50.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

## **C. KATHY PERRIZO**

Mailing Address 6243 PARKHURST DRIVE  
 6243 PARKHURST DRIVE

City State Zip Code  
 GOLETA CA 93117-1625

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

630.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 14 / 2016

Transaction ID : SA17.345411

Amount of Each Receipt this Period

50.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

150.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 571 OF 2173  
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17
------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	--

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. KATHY PERRIZO**Mailing Address 6243 PARKHURST DRIVE  
6243 PARKHURST DRIVECity State Zip Code  
GOLETA CA 93117-1625FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

630.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 16 / 2016

Transaction ID : SA17.345517

Amount of Each Receipt this Period

50.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**B. KATHY PERRIZO**Mailing Address 6243 PARKHURST DRIVE  
6243 PARKHURST DRIVECity State Zip Code  
GOLETA CA 93117-1625FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

630.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 21 / 2016

Transaction ID : SA17.345808

Amount of Each Receipt this Period

50.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**C. KATHY PERRIZO**Mailing Address 6243 PARKHURST DRIVE  
6243 PARKHURST DRIVECity State Zip Code  
GOLETA CA 93117-1625FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

630.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 27 / 2016

Transaction ID : SA17.346367

Amount of Each Receipt this Period

50.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

150.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

## **A. KATHY PERRIZO**

Mailing Address 6243 PARKHURST DRIVE  
6243 PARKHURST DRIVE

City State Zip Code  
GOLETA CA 93117-1625

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

630.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 22 / 2016

Transaction ID : SA17.350815

Amount of Each Receipt this Period

5.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT; EARMARKED  
CONTRIBUTION FOR DONALD J TRUMP FOR  
PRESIDENT, INC. COMMITTEE ID

Full Name (Last, First, Middle Initial)

## **B. KATHY PERRIZO**

Mailing Address 6243 PARKHURST DRIVE  
6243 PARKHURST DRIVE

City State Zip Code  
GOLETA CA 93117-1625

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

630.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 29 / 2016

Transaction ID : SA17.351568

Amount of Each Receipt this Period

5.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT; EARMARKED  
CONTRIBUTION FOR DONALD J TRUMP FOR  
PRESIDENT, INC. COMMITTEE ID

Full Name (Last, First, Middle Initial)

## **C. KATHY PERRIZO**

Mailing Address 6243 PARKHURST DRIVE  
6243 PARKHURST DRIVE

City State Zip Code  
GOLETA CA 93117-1625

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

630.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 22 / 2016

Transaction ID : SA17.353877

Amount of Each Receipt this Period

45.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

55.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

<p>Full Name (Last, First, Middle Initial) <b>A. KATHY PERRIZO</b></p> <p>Mailing Address <b>6243 PARKHURST DRIVE</b> <b>6243 PARKHURST DRIVE</b></p> <p>City <b>GOLETA</b> State <b>CA</b> Zip Code <b>93117-1625</b></p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer <b>RETIRED</b> Occupation <b>RETIRED</b></p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼         </p> <p>Aggregate Year-to-Date ▼ <b>630.00</b></p>		<p>Date of Receipt  <b>06 / 29 / 2016</b>  <b>Transaction ID : SA17.353998</b> </p> <p>Amount of Each Receipt this Period  <b>45.00</b> </p> <p><input type="checkbox"/> Memo Item CONTRIBUTION</p> <p>NON CONTRIBUTION ACCOUNT</p>
<p>Full Name (Last, First, Middle Initial) <b>B. KATHY PERRIZO</b></p> <p>Mailing Address <b>6243 PARKHURST DRIVE</b> <b>6243 PARKHURST DRIVE</b></p> <p>City <b>GOLETA</b> State <b>CA</b> Zip Code <b>93117-1625</b></p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer <b>RETIRED</b> Occupation <b>RETIRED</b></p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼         </p> <p>Aggregate Year-to-Date ▼ <b>630.00</b></p>		<p>Date of Receipt  <b>06 / 11 / 2016</b>  <b>Transaction ID : SA17.354713</b> </p> <p>Amount of Each Receipt this Period  <b>5.00</b> </p> <p><input type="checkbox"/> Memo Item CONTRIBUTION</p> <p>NON CONTRIBUTION ACCOUNT; EARMARKED CONTRIBUTION FOR DONALD J TRUMP FOR PRESIDENT, INC. COMMITTEE ID</p>
<p>Full Name (Last, First, Middle Initial) <b>C. DAVID PERRY</b></p> <p>Mailing Address <b>135 MOUNT VERNON AVENUE</b></p> <p>City <b>PATCHOGUE</b> State <b>NY</b> Zip Code <b>11772-</b></p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer <b>SELF</b> Occupation <b>I.T.</b></p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼         </p> <p>Aggregate Year-to-Date ▼ <b>400.00</b></p>		<p>Date of Receipt  <b>06 / 11 / 2016</b>  <b>Transaction ID : SA17.349453</b> </p> <p>Amount of Each Receipt this Period  <b>5.00</b> </p> <p><input type="checkbox"/> Memo Item CONTRIBUTION</p> <p>NON CONTRIBUTION ACCOUNT; EARMARKED CONTRIBUTION FOR DONALD J TRUMP FOR PRESIDENT, INC. COMMITTEE ID</p>
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>		<b>55.00</b>
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>		

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial) <b>A. DAVID PERRY</b>			Date of Receipt <div> <div>M M / D D / Y Y Y Y Y Y</div> <div>06 / 11 / 2016</div> </div>
Mailing Address 135 MOUNT VERNON AVENUE			<b>Transaction ID : SA17.354101</b>
City PATCHOGUE	State NY	Zip Code 11772-	Amount of Each Receipt this Period <div> <div>95.00</div> </div>
FEC ID number of contributing federal political committee. <div>C</div>			<input type="checkbox"/> Memo Item CONTRIBUTION
Name of Employer SELF	Occupation I.T.		NON CONTRIBUTION ACCOUNT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <div>400.00</div>	

Full Name (Last, First, Middle Initial) <b>B. TORY PETERSON</b>			Date of Receipt <div> <div>M M / D D / Y Y Y Y Y Y</div> <div>06 / 22 / 2016</div> </div>
Mailing Address 86 WOODHAVEN RIDGE LANE			<b>Transaction ID : SA17.348486</b>
City TRYON	State NC	Zip Code 28782-5517	Amount of Each Receipt this Period <div> <div>250.00</div> </div>
FEC ID number of contributing federal political committee. <div>C</div>			<input type="checkbox"/> Memo Item CONTRIBUTION
Name of Employer SELF	Occupation FINANCIAL ADVISOR		NON CONTRIBUTION ACCOUNT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <div>300.00</div>	

Full Name (Last, First, Middle Initial) <b>C. AUGUSTA PETRONE</b>			Date of Receipt <div> <div>M M / D D / Y Y Y Y Y Y</div> <div>06 / 13 / 2016</div> </div>
Mailing Address P.O. BOX 1037			<b>Transaction ID : SA17.349649</b>
City DUBLIN	State NH	Zip Code 03444-1037	Amount of Each Receipt this Period <div> <div>5.00</div> </div>
FEC ID number of contributing federal political committee. <div>C</div>			<input type="checkbox"/> Memo Item CONTRIBUTION
Name of Employer RETIRED	Occupation RETIRED		NON CONTRIBUTION ACCOUNT; EARMARKED CONTRIBUTION FOR DONALD J TRUMP FOR PRESIDENT, INC. COMMITTEE ID
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <div>1000.00</div>	

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

350.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 575 OF 2173

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. AUGUSTA PETRONE**

Mailing Address P.O. BOX 1037

City	State	Zip Code
DUBLIN	NH	03444-1037

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	13	/	2016

Transaction ID : SA17.354382

Amount of Each Receipt this Period

245.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**B. LOUIS PETRONE**

Mailing Address 11926 ESTY WAY

City	State	Zip Code
CARMEL	IN	46033-8128

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

SALES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	08	/	2016

Transaction ID : SA17.341169

Amount of Each Receipt this Period

25.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**C. LOUIS PETRONE**

Mailing Address 11926 ESTY WAY

City	State	Zip Code
CARMEL	IN	46033-8128

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

SALES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	16	/	2016

Transaction ID : SA17.342031

Amount of Each Receipt this Period

25.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

295.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 576 OF 2173

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17
------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	--

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. LOUIS PETRONE**

Mailing Address 11926 ESTY WAY

City  
**CARMEL**

State Zip Code  
**IN 46033-8128**

FEC ID number of contributing  
 federal political committee.

**C**

Name of Employer

**SELF EMPLOYED**

Occupation

**SALES**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**375.00**

Date of Receipt

**06 / 16 / 2016**

**Transaction ID : SA17.342032**

Amount of Each Receipt this Period

**25.00**

☐ Memo Item**CONTRIBUTION****NON CONTRIBUTION ACCOUNT**

Full Name (Last, First, Middle Initial)

**B. LOUIS PETRONE**

Mailing Address 11926 ESTY WAY

City  
**CARMEL**

State Zip Code  
**IN 46033-8128**

FEC ID number of contributing  
 federal political committee.

**C**

Name of Employer

**SELF EMPLOYED**

Occupation

**SALES**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**375.00**

Date of Receipt

**06 / 16 / 2016**

**Transaction ID : SA17.342033**

Amount of Each Receipt this Period

**25.00**

☐ Memo Item**CONTRIBUTION****NON CONTRIBUTION ACCOUNT**

Full Name (Last, First, Middle Initial)

**C. LOUIS PETRONE**

Mailing Address 11926 ESTY WAY

City  
**CARMEL**

State Zip Code  
**IN 46033-8128**

FEC ID number of contributing  
 federal political committee.

**C**

Name of Employer

**SELF EMPLOYED**

Occupation

**SALES**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**375.00**

Date of Receipt

**06 / 16 / 2016**

**Transaction ID : SA17.342034**

Amount of Each Receipt this Period

**25.00**

☐ Memo Item**CONTRIBUTION****NON CONTRIBUTION ACCOUNT**

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

**75.00**



# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 577 OF 2173

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

### A. LOUIS PETRONE

Mailing Address 11926 ESTY WAY

City State Zip Code  
CARMEL IN 46033-8128

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

SALES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 16 / 2016

Transaction ID : SA17.342035

Amount of Each Receipt this Period

25.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

### B. JOHN PEZOLD

Mailing Address 40 SPRING HARBOR CIRCLE

City State Zip Code  
COLUMBUS GA 31904-4617

FEC ID number of contributing  
federal political committee.

C

Name of Employer

PEZOLD MANAGEMENT

Occupation

EXECUTIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 08 / 2016

Transaction ID : SA17.348597

Amount of Each Receipt this Period

500.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

### C. JIM W PFEIFFER

Mailing Address 144 C WEST LAKE DRIVE

City State Zip Code  
ARLINGTON SD 57212-

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 05 / 2016

Transaction ID : SA17.349324

Amount of Each Receipt this Period

5.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT; EARMARKED  
CONTRIBUTION FOR DONALD J TRUMP FOR  
PRESIDENT, INC. COMMITTEE ID

SUBTOTAL of Receipts This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

530.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 578 OF 2173

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. JIM W PFEIFFER**

Mailing Address 144 C WEST LAKE DRIVE

City	State	Zip Code
ARLINGTON	SD	57212-

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		05		2016

Transaction ID : SA17.354381

Amount of Each Receipt this Period

245.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**B. CRAIG PHILLIPS**

Mailing Address 1981 WILDWOOD LAKE STREET

City	State	Zip Code
HENDERSON	NV	89052-8525

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		10		2016

Transaction ID : SA17.347100

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**C. CRAIG PHILLIPS**

Mailing Address 1981 WILDWOOD LAKE STREET

City	State	Zip Code
HENDERSON	NV	89052-8525

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		27		2016

Transaction ID : SA17.348535

Amount of Each Receipt this Period

250.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

595.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

FOR LINE NUMBER: PAGE 579 OF 2173

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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 NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DR. RON PHILLIPS**

Mailing Address 507 RIVER LANDING DR.

 City  
 SODDY DAISY

 State  
 TN

 Zip Code  
 37379-6351

 FEC ID number of contributing  
 federal political committee.

C

Name of Employer

SELF

Occupation

AUTHOR, MINISTER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

675.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	16	/	2016

Transaction ID : SA17.348618

Amount of Each Receipt this Period

500.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**B. JOHN L PIEMONTE**

Mailing Address 1448 W FLOURNOY ST

 City  
 CHICAGO

 State  
 IL

 Zip Code  
 60607-3204

 FEC ID number of contributing  
 federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	29	/	2016

Transaction ID : SA17.344451

Amount of Each Receipt this Period

25.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**C. JOHN L PIEMONTE**

Mailing Address 1448 W FLOURNOY ST

 City  
 CHICAGO

 State  
 IL

 Zip Code  
 60607-3204

 FEC ID number of contributing  
 federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	25	/	2016

Transaction ID : SA17.346284

Amount of Each Receipt this Period

50.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

575.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 580 OF 2173

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**Full Name (Last, First, Middle Initial)  
**A. DAVID PIERCE**

Mailing Address 58 MCGOWAN ROAD

City	State	Zip Code
OGDENSBURG	NY	13669-4325

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		02		2016

Transaction ID : SA17.348375

Amount of Each Receipt this Period

250.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)  
**B. DAVID PIERCE**

Mailing Address 58 MCGOWAN ROAD

City	State	Zip Code
OGDENSBURG	NY	13669-4325

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		11		2016

Transaction ID : SA17.349543

Amount of Each Receipt this Period

5.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT; EARMARKED  
CONTRIBUTION FOR DONALD J TRUMP FOR  
PRESIDENT, INC. COMMITTEE IDFull Name (Last, First, Middle Initial)  
**C. DAVID PIERCE**

Mailing Address 58 MCGOWAN ROAD

City	State	Zip Code
OGDENSBURG	NY	13669-4325

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		11		2016

Transaction ID : SA17.354108

Amount of Each Receipt this Period

95.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

350.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 581 OF 2173

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

<p>Full Name (Last, First, Middle Initial)  <b>A. RICHARD PIERCE</b></p> <p>Mailing Address 150 E WILSON BRIDGE RD SUITE 100</p> <p>City State Zip Code          WORTHINGTON OH 43085-</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation          SELF FINANCIAL ADVISOR</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼          250.00</p>			<p>Date of Receipt          M M / D D / Y Y Y Y Y Y          06 / 23 / 2016  <b>Transaction ID : SA17.348510</b></p> <p>Amount of Each Receipt this Period          250.00</p> <p><input type="checkbox"/> Memo Item          CONTRIBUTION</p> <p>NON CONTRIBUTION ACCOUNT</p>	
<p>Full Name (Last, First, Middle Initial)  <b>B. VINCENT P PIETSCH</b></p> <p>Mailing Address 3799 CADBURY CIR          405</p> <p>City State Zip Code          VENICE FL 34293-</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation          RETIRED RETIRED</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼          600.00</p>			<p>Date of Receipt          M M / D D / Y Y Y Y Y Y          06 / 10 / 2016  <b>Transaction ID : SA17.347129</b></p> <p>Amount of Each Receipt this Period          100.00</p> <p><input type="checkbox"/> Memo Item          CONTRIBUTION</p> <p>NON CONTRIBUTION ACCOUNT</p>	
<p>Full Name (Last, First, Middle Initial)  <b>C. VINCENT P PIETSCH</b></p> <p>Mailing Address 3799 CADBURY CIR          405</p> <p>City State Zip Code          VENICE FL 34293-</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation          RETIRED RETIRED</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼          600.00</p>			<p>Date of Receipt          M M / D D / Y Y Y Y Y Y          06 / 25 / 2016  <b>Transaction ID : SA17.348658</b></p> <p>Amount of Each Receipt this Period          500.00</p> <p><input type="checkbox"/> Memo Item          CONTRIBUTION</p> <p>NON CONTRIBUTION ACCOUNT</p>	
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>			850.00	
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>				

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

## **A. RANDY PITTS**

Mailing Address 4765 FRANKTOWN

City State Zip Code  
WASHOE VALLEY NV 89704-

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
F AND P CONSTRUCTION

Occupation  
CONTRACTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 22 2016

Transaction ID : SA17.350426

Amount of Each Receipt this Period

5.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT; EARMARKED  
CONTRIBUTION FOR DONALD J TRUMP FOR  
PRESIDENT, INC. COMMITTEE ID

Full Name (Last, First, Middle Initial)

## **B. RANDY PITTS**

Mailing Address 4765 FRANKTOWN

City State Zip Code  
WASHOE VALLEY NV 89704-

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
F AND P CONSTRUCTION

Occupation  
CONTRACTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 22 2016

Transaction ID : SA17.354394

Amount of Each Receipt this Period

245.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

## **C. CARLE PLANTE**

Mailing Address 5542 NORTH HARBOR VILLAGE DR.

City State Zip Code  
VERO BEACH FL 32967-

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 16 2016

Transaction ID : SA17.348428

Amount of Each Receipt this Period

250.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

500.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 583 OF 2173

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. CLARENCE & MADELINE POE, JR.**

Mailing Address 101 MANOR HOUSE COURT

City	State	Zip Code
YORKTOWN	VA	23692-

FEC ID number of contributing federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	24	/	2016

Transaction ID : SA17.348583

Amount of Each Receipt this Period

300.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**B. JANICE AND DAVID PONDER**

Mailing Address 4 SUTTON PLACE

City	State	Zip Code
AMARILLO	TX	79124-

FEC ID number of contributing federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	21	/	2016

Transaction ID : SA17.348471

Amount of Each Receipt this Period

250.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**C. PATRICIA POTTRATZ**

Mailing Address N3723 CLEVELAND AVE

City	State	Zip Code
MARINETTE	WI	54143-9511

FEC ID number of contributing federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	11	/	2016

Transaction ID : SA17.345330

Amount of Each Receipt this Period

50.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

600.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 584 OF 2173

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. PATRICIA POTTRATZ**

Mailing Address N3723 CLEVELAND AVE

City  
 MARINETTE

State Zip Code  
 WI 54143-9511

FEC ID number of contributing  
 federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 11 / 2016

Transaction ID : SA17.345331

Amount of Each Receipt this Period

50.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**B. PATRICIA POTTRATZ**

Mailing Address N3723 CLEVELAND AVE

City  
 MARINETTE

State Zip Code  
 WI 54143-9511

FEC ID number of contributing  
 federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 23 / 2016

Transaction ID : SA17.347832

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**C. RAE POWELL**

Mailing Address 9225 CROSS MOUNTAIN TRAIL

City  
 SAN ANTONIO

State Zip Code  
 TX 78255-

FEC ID number of contributing  
 federal political committee.

C

Name of Employer

ME

Occupation

SELF EMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 16 / 2016

Transaction ID : SA17.348435

Amount of Each Receipt this Period

250.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

400.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 585 OF 2173

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17
------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	--

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**Full Name (Last, First, Middle Initial)  
**A. MICHAEL PRELEC**

Mailing Address 4175 HWY 11

City	State	Zip Code
DELAND	FL	32724-

FEC ID number of contributing  
federal political committee.

C

Name of Employer

DELTRAN CORP

Occupation

BUSINESS OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	22	/	2016

Transaction ID : SA17.348635

Amount of Each Receipt this Period

500.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)  
**B. G. WELDON PRICE**

Mailing Address 4495 KING SPRINGS ROAD

City	State	Zip Code
SMYRNA	GA	30082-

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF

Occupation

ENVIRONMENTAL SPECIALIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	24	/	2016

Transaction ID : SA17.348513

Amount of Each Receipt this Period

250.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)  
**C. RON PROFILI**

Mailing Address 33 OLD COACH ROAD

City	State	Zip Code
NAPA	CA	94558-3858

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF

Occupation

SELF EMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	02	/	2016

Transaction ID : SA17.348880

Amount of Each Receipt this Period

5.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT; EARMARKED  
CONTRIBUTION FOR DONALD J TRUMP FOR  
PRESIDENT, INC. COMMITTEE ID

SUBTOTAL of Receipts This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

755.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 586 OF 2173

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. RON PROFILI**

Mailing Address 33 OLD COACH ROAD

City	State	Zip Code
NAPA	CA	94558-3858

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF

Occupation

SELF EMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6			0	2		2	0	1	6		

Transaction ID : SA17.354378

Amount of Each Receipt this Period

245.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**B. GARY PROOS**

Mailing Address 8091 ASHWOOD DR. SE

City	State	Zip Code
ADA	MI	49301-8166

FEC ID number of contributing  
federal political committee.

C

Name of Employer

PLASTIC MOLD TECHNOLOGY

Occupation

BUSINESS OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6				1	7		2	0	1	6	

Transaction ID : SA17.348711

Amount of Each Receipt this Period

1000.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**C. DONALD PRUIT**

Mailing Address 3045 DUNCAN RD

City	State	Zip Code
SAN LUIS OBISPO	CA	93401-

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6				1	7		2	0	1	6	

Transaction ID : SA17.348718

Amount of Each Receipt this Period

1000.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2245.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

FOR LINE NUMBER: PAGE 587 OF 2173

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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 NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. LAWRENCE PUPA**

Mailing Address 309 HICKORY DR.

City	State	Zip Code
MERIDIAN	MS	39305-7901

FEC ID number of contributing federal political committee.

C

Name of Employer

RETIRED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	22	/	2016

Transaction ID : SA17.350979

Amount of Each Receipt this Period

5.00

☐ Memo Item

CONTRIBUTION

 NON CONTRIBUTION ACCOUNT; EARMARKED  
 CONTRIBUTION FOR DONALD J TRUMP FOR  
 PRESIDENT, INC. COMMITTEE ID

Full Name (Last, First, Middle Initial)

**B. LAWRENCE PUPA**

Mailing Address 309 HICKORY DR.

City	State	Zip Code
MERIDIAN	MS	39305-7901

FEC ID number of contributing federal political committee.

C

Name of Employer

RETIRED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	22	/	2016

Transaction ID : SA17.354404

Amount of Each Receipt this Period

245.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**C. RICHARD PURATY**

Mailing Address 23855 CREEKWOOD DR.

City	State	Zip Code
MORENO VALLEY	CA	92557-

FEC ID number of contributing federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	13	/	2016

Transaction ID : SA17.347199

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

350.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 588 OF 2173

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial) <b>A. RICHARD PURATY</b>			Date of Receipt <div> <div>MM / DD / YYYY</div> <div>06 / 15 / 2016</div> </div>	
Mailing Address 23855 CREEKWOOD DR.			<b>Transaction ID : SA17.347244</b>	
City MORENO VALLEY	State CA	Zip Code 92557-	Amount of Each Receipt this Period <div> <div>Amount</div> <div>100.00</div> </div>	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item		
Name of Employer RETIRED		Occupation RETIRED		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <div> <div>Amount</div> <div>300.00</div> </div>		
			CONTRIBUTION	
			NON CONTRIBUTION ACCOUNT	

Full Name (Last, First, Middle Initial) <b>B. RICHARD PURATY</b>			Date of Receipt <div> <div>MM / DD / YYYY</div> <div>06 / 15 / 2016</div> </div>	
Mailing Address 23855 CREEKWOOD DR.			<b>Transaction ID : SA17.347245</b>	
City MORENO VALLEY	State CA	Zip Code 92557-	Amount of Each Receipt this Period <div> <div>Amount</div> <div>100.00</div> </div>	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item		
Name of Employer RETIRED		Occupation RETIRED		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <div> <div>Amount</div> <div>300.00</div> </div>		
			CONTRIBUTION	
			NON CONTRIBUTION ACCOUNT	

Full Name (Last, First, Middle Initial) <b>C. WILLIAM PURNELL</b>			Date of Receipt <div> <div>MM / DD / YYYY</div> <div>06 / 30 / 2016</div> </div>	
Mailing Address P.O. BOX 290189			<b>Transaction ID : SA17.348682</b>	
City KERRVILLE	State TX	Zip Code 78029-	Amount of Each Receipt this Period <div> <div>Amount</div> <div>500.00</div> </div>	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item		
Name of Employer NA		Occupation NA		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <div> <div>Amount</div> <div>500.00</div> </div>		
			CONTRIBUTION	
			NON CONTRIBUTION ACCOUNT	

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

700.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 589 OF 2173

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DWAIN QUANDT**

Mailing Address 6029 NW ALFALFA DR.

City  
 PORTLAND

State Zip Code  
 OR 97229-9219

FEC ID number of contributing  
 federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2016

Transaction ID : SA17.348677

Amount of Each Receipt this Period

500.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**B. PARKER S QUILLEN**

Mailing Address 3711 SAN FELIPE  
 14A

City  
 HOUSTON

State Zip Code  
 TX 77027-4044

FEC ID number of contributing  
 federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 18 / 2016

Transaction ID : SA17.348447

Amount of Each Receipt this Period

250.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**C. PATRICK QUINLAN**

Mailing Address 17285 COLONIAL PARK DRIVE

City  
 MONUMENT

State Zip Code  
 CO 80132-

FEC ID number of contributing  
 federal political committee.

C

Name of Employer

INVESTMENT PROPERTIES

Occupation

REAL ESTATE INVESTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 17 / 2016

Transaction ID : SA17.342307

Amount of Each Receipt this Period

25.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

775.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 590 OF 2173

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17
------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	--

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. THOMAS QUINN**

Mailing Address 122 CLINTON ROAD

City  
 FAIRFIELD

State Zip Code  
 NJ 07004-

FEC ID number of contributing  
 federal political committee.

**C**

Name of Employer

SELF

Occupation

BUSINESS OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

**06** / **28** / **2016**

Transaction ID : SA17.348539

Amount of Each Receipt this Period

250.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**B. JAMES RADCLIFFE**

Mailing Address 100 PASSAIC AVENUE  
 SUITE 220

City  
 FAIRFIELD

State Zip Code  
 NJ 07004-3508

FEC ID number of contributing  
 federal political committee.

**C**

Name of Employer

DENTISTRYTODAY.COM

Occupation

SALES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

**06** / **07** / **2016**

Transaction ID : SA17.333915

Amount of Each Receipt this Period

250.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**C. JAMES RADCLIFFE**

Mailing Address 100 PASSAIC AVENUE  
 SUITE 220

City  
 FAIRFIELD

State Zip Code  
 NJ 07004-3508

FEC ID number of contributing  
 federal political committee.

**C**

Name of Employer

DENTISTRYTODAY.COM

Occupation

SALES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

**06** / **10** / **2016**

Transaction ID : SA17.348416

Amount of Each Receipt this Period

250.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

750.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 591 OF 2173

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial) <b>A. JAMES RADCLIFFE</b>		Date of Receipt <div> <div>MM / DD / YYYY</div> <div>06 / 21 / 2016</div> </div>
Mailing Address 100 PASSAIC AVENUE SUITE 220		<b>Transaction ID : SA17.348472</b>
City FAIRFIELD	State NJ	Zip Code 07004-3508
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer DENTISTRYTODAY.COM	Occupation SALES	<input type="checkbox"/> Memo Item CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial) <b>B. DONNA M RADTKE</b>		Date of Receipt <div> <div>MM / DD / YYYY</div> <div>06 / 07 / 2016</div> </div>
Mailing Address 9342 S PLATTE VIEW RD		<b>Transaction ID : SA17.345058</b>
City NORTH PLATTE	State NE	Zip Code 69101-0463
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer RETIRED	Occupation RETIRED	<input type="checkbox"/> Memo Item CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial) <b>C. DONNA M RADTKE</b>		Date of Receipt <div> <div>MM / DD / YYYY</div> <div>06 / 19 / 2016</div> </div>
Mailing Address 9342 S PLATTE VIEW RD		<b>Transaction ID : SA17.345732</b>
City NORTH PLATTE	State NE	Zip Code 69101-0463
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer RETIRED	Occupation RETIRED	<input type="checkbox"/> Memo Item CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	NON CONTRIBUTION ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

350.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 592 OF 2173

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONNA M RADTKE**

Mailing Address 9342 S PLATTE VIEW RD

City  
NORTH PLATTEState  
NEZip Code  
69101-0463FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		11		2016

Transaction ID : SA17.349373

Amount of Each Receipt this Period

5.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT; EARMARKED  
CONTRIBUTION FOR DONALD J TRUMP FOR  
PRESIDENT, INC. COMMITTEE ID

Full Name (Last, First, Middle Initial)

**B. DONNA M RADTKE**

Mailing Address 9342 S PLATTE VIEW RD

City  
NORTH PLATTEState  
NEZip Code  
69101-0463FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		11		2016

Transaction ID : SA17.353634

Amount of Each Receipt this Period

45.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**C. MALGORZATA RADZISZEWSKA**

Mailing Address 7532 MAGELLAN ST.

City  
CARLSBADState  
CAZip Code  
92011-FEC ID number of contributing  
federal political committee.

C

Name of Employer

N/A

Occupation

HOUSEWIFE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		25		2016

Transaction ID : SA17.348518

Amount of Each Receipt this Period

250.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

300.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial) <b>A. CORAZON RAMIREZ</b>			Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 22 / 2016 <b>Transaction ID : SA17.350449</b>	
Mailing Address 4790 BYRON CIRCLE			Amount of Each Receipt this Period 5.00	
City IRVING	State TX	Zip Code 75038-	<input type="checkbox"/> Memo Item CONTRIBUTION	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 500.00		
Name of Employer SELF		Occupation PHYSICIAN		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		NON CONTRIBUTION ACCOUNT; EARMARKED CONTRIBUTION FOR DONALD J TRUMP FOR PRESIDENT, INC. COMMITTEE ID		
Full Name (Last, First, Middle Initial) <b>B. CORAZON RAMIREZ</b>			Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 22 / 2016 <b>Transaction ID : SA17.354438</b>	
Mailing Address 4790 BYRON CIRCLE			Amount of Each Receipt this Period 495.00	
City IRVING	State TX	Zip Code 75038-	<input type="checkbox"/> Memo Item CONTRIBUTION	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 500.00		
Name of Employer SELF		Occupation PHYSICIAN		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		NON CONTRIBUTION ACCOUNT		
Full Name (Last, First, Middle Initial) <b>C. JACK RAMIREZ</b>			Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 17 / 2016 <b>Transaction ID : SA17.347344</b>	
Mailing Address 360 E LOCH LLOYD PARKWAY			Amount of Each Receipt this Period 100.00	
City LOCH LLOYD	State MO	Zip Code 64012-4134	<input type="checkbox"/> Memo Item CONTRIBUTION	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 300.00		
Name of Employer RETIRED		Occupation RETIRED		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		NON CONTRIBUTION ACCOUNT		
<b>SUBTOTAL</b> of Receipts This Page (optional).....			600.00	
<b>TOTAL</b> This Period (last page this line number only).....				

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

## **A. JACK RAMIREZ**

Mailing Address 360 E LOCH LLOYD PARKWAY

City State Zip Code  
 LOCH LLOYD MO 64012-4134

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

**06 / 24 / 2016**

**Transaction ID : SA17.347888**

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

## **B. CRAIG RAY**

Mailing Address 466 SW FOREST GROVE ST.

City State Zip Code  
 BEND OR 97702-

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

CENTRAL OREGON COMMUNITY COLLEGE

Occupation

TEACHER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

**06 / 01 / 2016**

**Transaction ID : SA17.333757**

Amount of Each Receipt this Period

250.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

## **C. RANDY RAY**

Mailing Address 3481 ROCKCLIFF PLACE

City State Zip Code  
 LONGWOOD FL 32779-3143

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

MARKETQ, INC

Occupation

CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

**06 / 08 / 2016**

**Transaction ID : SA17.348690**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1350.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

## **A. DARWIN REEDY**

Mailing Address 51 PENINSULA ROAD

City State Zip Code  
DELLWOOD MN 55110-

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DARWIN REEDY GALLERY

Occupation  
ART DEALER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

06 / 09 / 2016

Transaction ID : SA17.348762

Amount of Each Receipt this Period

2500.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

## **B. JOAN M REESE**

Mailing Address 15736 GLENISLE WAY

City State Zip Code  
FORT MYERS FL 33912-

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 22 / 2016

Transaction ID : SA17.348643

Amount of Each Receipt this Period

500.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

## **C. DAN REEVES**

Mailing Address 785 WEST CONWAY DR.

City State Zip Code  
ATLANTA GA 30327-3633

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 03 / 2016

Transaction ID : SA17.348966

Amount of Each Receipt this Period

5.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT; EARMARKED  
CONTRIBUTION FOR DONALD J TRUMP FOR  
PRESIDENT, INC. COMMITTEE ID

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

3005.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

## **A. DAN REEVES**

Mailing Address 785 WEST CONWAY DR.

City State Zip Code  
 ATLANTA GA 30327-3633

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 03 / 2016

Transaction ID : SA17.354379

Amount of Each Receipt this Period

245.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

## **B. GAYLE REGO**

Mailing Address 7000 MAE ANNE AVENUE  
 APT. 1713

City State Zip Code  
 RENO NV 89523-

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2016

Transaction ID : SA17.348258

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

## **C. WILLIAM REID**

Mailing Address 445 MADISON ST.

City State Zip Code  
 DENVER CO 80206-

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 07 / 2016

Transaction ID : SA17.348689

Amount of Each Receipt this Period

1000.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1345.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

<p>Full Name (Last, First, Middle Initial) <b>A. WALTER RENNER</b></p> <p>Mailing Address <b>11 TURNBERRY CT</b></p> <p>City <b>HALF MOON BAY</b> State <b>CA</b> Zip Code <b>94019-2606</b></p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer <b>SELF</b> Occupation <b>REAL ESTATE INVESTOR</b></p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼         </p>			<p>Date of Receipt  <b>06 / 11 / 2016</b>  <b>Transaction ID : SA17.349447</b> </p> <p>Amount of Each Receipt this Period  <b>5.00</b> </p> <p><input type="checkbox"/> Memo Item CONTRIBUTION</p> <p>NON CONTRIBUTION ACCOUNT; EARMARKED CONTRIBUTION FOR DONALD J TRUMP FOR PRESIDENT, INC. COMMITTEE ID</p>		
<p>Full Name (Last, First, Middle Initial) <b>B. WALTER RENNER</b></p> <p>Mailing Address <b>11 TURNBERRY CT</b></p> <p>City <b>HALF MOON BAY</b> State <b>CA</b> Zip Code <b>94019-2606</b></p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer <b>SELF</b> Occupation <b>REAL ESTATE INVESTOR</b></p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼         </p>			<p>Date of Receipt  <b>06 / 11 / 2016</b>  <b>Transaction ID : SA17.352437</b> </p> <p>Amount of Each Receipt this Period  <b>20.00</b> </p> <p><input type="checkbox"/> Memo Item CONTRIBUTION</p> <p>NON CONTRIBUTION ACCOUNT</p>		
<p>Full Name (Last, First, Middle Initial) <b>C. ANNE RETZLER</b></p> <p>Mailing Address <b>P.O. BOX 79587</b></p> <p>City <b>HOUSTON</b> State <b>TX</b> Zip Code <b>77279-9587</b></p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer <b>RETIRED</b> Occupation <b>RETIRED</b></p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼         </p>			<p>Date of Receipt  <b>06 / 28 / 2016</b>  <b>Transaction ID : SA17.346432</b> </p> <p>Amount of Each Receipt this Period  <b>50.00</b> </p> <p><input type="checkbox"/> Memo Item CONTRIBUTION</p> <p>NON CONTRIBUTION ACCOUNT</p>		
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>			<p><b>75.00</b></p>		
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>			<p></p>		

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
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<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC****A. CHARLES RON REYNOLDS**

Mailing Address 6588 LUCERNE COURT

City	State	Zip Code
REDDING	CA	96001-

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	08	/	2016

Transaction ID : SA17.348392

Amount of Each Receipt this Period

250.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**B. ROBERT RICE**

Mailing Address 1225 KENTUCKY GREENS WAY

City	State	Zip Code
NEWCASTLE	CA	95658-

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RICE AIRCRAFT SERVICES INC.

Occupation

SELF EMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	19	/	2016

Transaction ID : SA17.348454

Amount of Each Receipt this Period

250.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**C. ANDREA RICH**

Mailing Address 2145 NORTH SLOPE TERRACE

City	State	Zip Code
SPRING VALLEY	CA	91977-

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SAND DOLLAR SPORTSWEAR

Occupation

SELF EMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	01	/	2016

Transaction ID : SA17.348367

Amount of Each Receipt this Period

250.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

750.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial) <b>A. GREYNELL RICHARD</b>			Date of Receipt <div> <div>M M / D D / Y Y Y Y Y</div> <div>06 / 28 / 2016</div> </div>
Mailing Address P.O. BOX 2195			<b>Transaction ID : SA17.348744</b>
City RANCHO SANTA FE	State CA	Zip Code 92067-2195	Amount of Each Receipt this Period <div> <div>1000.00</div> </div>
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item CONTRIBUTION
Name of Employer RETIRED	Occupation RETIRED		NON CONTRIBUTION ACCOUNT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <div> <div>1600.00</div> </div>	

Full Name (Last, First, Middle Initial) <b>B. JAMES RICHARD</b>			Date of Receipt <div> <div>M M / D D / Y Y Y Y Y</div> <div>06 / 25 / 2016</div> </div>
Mailing Address 2675 MEADOW RANCH RD			<b>Transaction ID : SA17.348522</b>
City SOLVANG	State CA	Zip Code 93463-	Amount of Each Receipt this Period <div> <div>250.00</div> </div>
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item CONTRIBUTION
Name of Employer SEFL	Occupation REAL ESTATE INVESTOR		NON CONTRIBUTION ACCOUNT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <div> <div>250.00</div> </div>	

Full Name (Last, First, Middle Initial) <b>C. MR. ROLAND RICHTER</b>			Date of Receipt <div> <div>M M / D D / Y Y Y Y Y</div> <div>06 / 28 / 2016</div> </div>
Mailing Address 608 N ALMOND DR.			<b>Transaction ID : SA17.348665</b>
City SIMPSONVILLE	State SC	Zip Code 29681-3412	Amount of Each Receipt this Period <div> <div>500.00</div> </div>
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item CONTRIBUTION
Name of Employer RETIRED	Occupation RETIRED		NON CONTRIBUTION ACCOUNT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <div> <div>500.00</div> </div>	

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1750.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
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<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DANIEL RIDOUT**

Mailing Address 310 SHERRILL LN

City	State	Zip Code
ROSWELL	NM	88201-

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CHS

Occupation

PHYSIVISN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	17	/	2016

Transaction ID : SA17.348714

Amount of Each Receipt this Period

1000.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**B. SARAH RINDLAUB**Mailing Address 8441 SE 68TH ST.  
217

City	State	Zip Code
MERCER ISLAND	WA	98040-5235

FEC ID number of contributing  
federal political committee.

C

Name of Employer

N/A

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	10	/	2016

Transaction ID : SA17.348608

Amount of Each Receipt this Period

500.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**C. JANET ROBBINS**

Mailing Address 6484 ROBBINS RIDGE LN

City	State	Zip Code
MEMPHIS	TN	38119-6416

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	02	/	2016

Transaction ID : SA17.344926

Amount of Each Receipt this Period

50.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

1550.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 601 OF 2173

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. JANET ROBBINS**

Mailing Address 6484 ROBBINS RIDGE LN

City  
MEMPHISState  
TNZip Code  
38119-6416FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	27	/	2016

Transaction ID : SA17.348015

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**B. EILEEN M., ROBERTSON**

Mailing Address P. O. BOX 163

City  
HUMBOLDTState  
KSZip Code  
66748-0163FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	24	/	2016

Transaction ID : SA17.351349

Amount of Each Receipt this Period

5.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT; EARMARKED  
CONTRIBUTION FOR DONALD J TRUMP FOR  
PRESIDENT, INC. COMMITTEE ID

Full Name (Last, First, Middle Initial)

**C. EILEEN M., ROBERTSON**

Mailing Address P. O. BOX 163

City  
HUMBOLDTState  
KSZip Code  
66748-0163FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	24	/	2016

Transaction ID : SA17.354323

Amount of Each Receipt this Period

95.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

200.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 602 OF 2173

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial) <b>A. GARY ROBERTS</b>			Date of Receipt <div> <div>M M / D D / Y Y Y Y Y Y</div> <div>06 / 04 / 2016</div> </div>	
Mailing Address <b>6206 APPIAN WAY</b>			<b>Transaction ID : SA17.345005</b>	
City <b>RIVERSIDE</b>	State <b>CA</b>	Zip Code <b>92506-4555</b>	Amount of Each Receipt this Period <div> <div>50.00</div> </div>	
FEC ID number of contributing federal political committee. <div> <div>C</div> </div>			<input type="checkbox"/> Memo Item CONTRIBUTION	
Name of Employer <b>RETIRED</b>		Occupation <b>RETIRED</b>	NON CONTRIBUTION ACCOUNT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <div> <div>300.00</div> </div>		

Full Name (Last, First, Middle Initial) <b>B. GARY ROBERTS</b>			Date of Receipt <div> <div>M M / D D / Y Y Y Y Y Y</div> <div>06 / 01 / 2016</div> </div>	
Mailing Address <b>6206 APPIAN WAY</b>			<b>Transaction ID : SA17.346792</b>	
City <b>RIVERSIDE</b>	State <b>CA</b>	Zip Code <b>92506-4555</b>	Amount of Each Receipt this Period <div> <div>100.00</div> </div>	
FEC ID number of contributing federal political committee. <div> <div>C</div> </div>			<input type="checkbox"/> Memo Item CONTRIBUTION	
Name of Employer <b>RETIRED</b>		Occupation <b>RETIRED</b>	NON CONTRIBUTION ACCOUNT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <div> <div>300.00</div> </div>		

Full Name (Last, First, Middle Initial) <b>C. NANCY ROBINSON</b>			Date of Receipt <div> <div>M M / D D / Y Y Y Y Y Y</div> <div>06 / 05 / 2016</div> </div>	
Mailing Address <b>10911 COLE PLACE</b>			<b>Transaction ID : SA17.340785</b>	
City <b>ANDERSON ISLAND</b>	State <b>WA</b>	Zip Code <b>98303-</b>	Amount of Each Receipt this Period <div> <div>25.00</div> </div>	
FEC ID number of contributing federal political committee. <div> <div>C</div> </div>			<input type="checkbox"/> Memo Item CONTRIBUTION	
Name of Employer <b>RETIRED</b>		Occupation <b>RETIRED</b>	NON CONTRIBUTION ACCOUNT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <div> <div>225.00</div> </div>		

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

175.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 603 OF 2173

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial) <b>A. NANCY ROBINSON</b>			Date of Receipt <div> <div>M M / D D / Y Y Y Y Y Y</div> <div>06 / 17 / 2016</div> </div>	
Mailing Address 10911 COLE PLACE			<b>Transaction ID : SA17.347370</b>	
City ANDERSON ISLAND	State WA	Zip Code 98303-	Amount of Each Receipt this Period <div> <div>100.00</div> </div>	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item CONTRIBUTION		
Name of Employer RETIRED		Occupation RETIRED		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <div> <div>225.00</div> </div>		
			NON CONTRIBUTION ACCOUNT	

Full Name (Last, First, Middle Initial) <b>B. JOHN RODGERS</b>			Date of Receipt <div> <div>M M / D D / Y Y Y Y Y Y</div> <div>06 / 26 / 2016</div> </div>	
Mailing Address 441 WALNUTTOWN ROAD			<b>Transaction ID : SA17.334061</b>	
City FLEETWOOD	State PA	Zip Code 19522-	Amount of Each Receipt this Period <div> <div>1000.00</div> </div>	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item CONTRIBUTION		
Name of Employer PHOENIX FORGE GROUP		Occupation BUSINESS OWNER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <div> <div>1000.00</div> </div>		
			NON CONTRIBUTION ACCOUNT	

Full Name (Last, First, Middle Initial) <b>C. JON ROGERS</b>			Date of Receipt <div> <div>M M / D D / Y Y Y Y Y Y</div> <div>06 / 17 / 2016</div> </div>	
Mailing Address 1731 AVIATION BLVD			<b>Transaction ID : SA17.347346</b>	
City LINCOLN	State CA	Zip Code 95648-	Amount of Each Receipt this Period <div> <div>100.00</div> </div>	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item CONTRIBUTION		
Name of Employer RFC		Occupation MANAGER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <div> <div>600.00</div> </div>		
			NON CONTRIBUTION ACCOUNT	

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1200.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input checked="" type="checkbox"/> 17			

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)  
**GREAT AMERICA PAC**

<b>A. JON ROGERS</b> Full Name (Last, First, Middle Initial) Mailing Address 1731 AVIATION BLVD City LINCOLN State CA Zip Code 95648- FEC ID number of contributing federal political committee. C Name of Employer RFC Occupation MANAGER Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 600.00			Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 08 / 2016 <b>Transaction ID : SA17.348393</b> Amount of Each Receipt this Period 250.00 <input type="checkbox"/> Memo Item CONTRIBUTION NON CONTRIBUTION ACCOUNT
<b>B. EDWARD ROSE</b> Full Name (Last, First, Middle Initial) Mailing Address 13 CLARK ROAD City HINGHAM State MA Zip Code 02043-1949 FEC ID number of contributing federal political committee. C Name of Employer ROCKY MOUNTAIN SPRING WATER CO Occupation EXECUTIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 225.00			Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 17 / 2016 <b>Transaction ID : SA17.342367</b> Amount of Each Receipt this Period 25.00 <input type="checkbox"/> Memo Item CONTRIBUTION NON CONTRIBUTION ACCOUNT
<b>C. EDWARD ROSE</b> Full Name (Last, First, Middle Initial) Mailing Address 13 CLARK ROAD City HINGHAM State MA Zip Code 02043-1949 FEC ID number of contributing federal political committee. C Name of Employer ROCKY MOUNTAIN SPRING WATER CO Occupation EXECUTIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 225.00			Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 22 / 2016 <b>Transaction ID : SA17.347694</b> Amount of Each Receipt this Period 100.00 <input type="checkbox"/> Memo Item CONTRIBUTION NON CONTRIBUTION ACCOUNT
<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶			375.00
<b>TOTAL</b> This Period (last page this line number only)..... ▶			

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)  
**A. HOWARD ROSEN**

Mailing Address 2121 PONCE DE LEON BLVD - # 320

City State Zip Code  
 CORAL GABLES FL 33134-

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 DONLEVY-ROSEN & ROSEN

Occupation  
 ATTY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

**06** / **23** / **2016**

**Transaction ID : SA17.351152**

Amount of Each Receipt this Period

5.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT; EARMARKED  
CONTRIBUTION FOR DONALD J TRUMP FOR  
PRESIDENT, INC. COMMITTEE ID

Full Name (Last, First, Middle Initial)  
**B. HOWARD ROSEN**

Mailing Address 2121 PONCE DE LEON BLVD - # 320

City State Zip Code  
 CORAL GABLES FL 33134-

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 DONLEVY-ROSEN & ROSEN

Occupation  
 ATTY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

**06** / **23** / **2016**

**Transaction ID : SA17.354406**

Amount of Each Receipt this Period

245.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)  
**C. CHARLES ROSS**

Mailing Address 325 CHERRY

City State Zip Code  
 ARKADELPHIA AR 71923-5114

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 HENRY SCHEIN MEDICAL

Occupation  
 FIELD SALES CONSULTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

**06** / **13** / **2016**

**Transaction ID : SA17.349749**

Amount of Each Receipt this Period

5.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT; EARMARKED  
CONTRIBUTION FOR DONALD J TRUMP FOR  
PRESIDENT, INC. COMMITTEE ID

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

255.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

## **A. CHARLES ROSS**

Mailing Address 325 CHERRY

City

ARKADELPHIA

State

AR

Zip Code

71923-5114

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HENRY SCHEIN MEDICAL

Occupation

FIELD SALES CONSULTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

06 / 13 / 2016

Transaction ID : SA17.353698

Amount of Each Receipt this Period

45.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

## **B. TIMOTHY ROTH**

Mailing Address 25587 CONIFER RD. UNIT 105 #718  
 UNIT 105

City

CONIFER

State

CO

Zip Code

80433-9077

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 21 / 2016

Transaction ID : SA17.347518

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

## **C. WANDA RUFIN**

Mailing Address 1529 SW 1ST ST

City

MIAMI

State

FL

Zip Code

33135-

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WANDA I RUFIN P.A.

Occupation

LAWYER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 22 / 2016

Transaction ID : SA17.350063

Amount of Each Receipt this Period

5.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT; EARMARKED  
CONTRIBUTION FOR DONALD J TRUMP FOR  
PRESIDENT, INC. COMMITTEE ID

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

150.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 607 OF 2173

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. WANDA RUFIN**

Mailing Address 1529 SW 1ST ST

City	State	Zip Code
MIAMI	FL	33135-

FEC ID number of contributing federal political committee.

C

Name of Employer  
WANDA I RUFIN P.A.

Occupation  
LAWYER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	22	/	2016

Transaction ID : SA17.354387

Amount of Each Receipt this Period

245.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**B. HAROLD RUSSELL**

Mailing Address 3785 GOLDENEYE RD

City	State	Zip Code
WILSON	WY	83014-

FEC ID number of contributing federal political committee.

C

Name of Employer  
SELF

Occupation  
REAL ESTATE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2016

Transaction ID : SA17.351608

Amount of Each Receipt this Period

5.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT; EARMARKED CONTRIBUTION FOR DONALD J TRUMP FOR PRESIDENT, INC. COMMITTEE ID

Full Name (Last, First, Middle Initial)

**C. HAROLD RUSSELL**

Mailing Address 3785 GOLDENEYE RD

City	State	Zip Code
WILSON	WY	83014-

FEC ID number of contributing federal political committee.

C

Name of Employer  
SELF

Occupation  
REAL ESTATE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2016

Transaction ID : SA17.354453

Amount of Each Receipt this Period

4995.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

5245.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 608 OF 2173  
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. LARRY RUSSEL**

Mailing Address 24740 MILLER HILL RD

City	State	Zip Code
LOS GATOS	CA	95033-

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	08	/	2016

Transaction ID : SA17.348399

Amount of Each Receipt this Period

250.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**B. LAWRENCE RUSSELL**

Mailing Address 4275 OWENS RD #531

City	State	Zip Code
EVANS	GA	30809-

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	17	/	2016

Transaction ID : SA17.348620

Amount of Each Receipt this Period

500.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**C. WILLIAM RUSSELL**

Mailing Address 406 PINE ROAD

City	State	Zip Code
DAVIDSON	NC	28036-

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2016

Transaction ID : SA17.348564

Amount of Each Receipt this Period

250.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1000.00



**SCHEDULE A (FEC Form 3X)**  
**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"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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 NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial) <b>A. MICHAEL G RUTHERFORD</b>			Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 28 / 2016	
Mailing Address 8 GREENWAY PLAZA, ST 1400			<b>Transaction ID : SA17.348749</b>	
City HOUSTON	State TX	Zip Code 77046-0800	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item CONTRIBUTION		
Name of Employer SELF		Occupation RANCHER, OIL & GAS PRODUCER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 3500.00		
			NON CONTRIBUTION ACCOUNT	

Full Name (Last, First, Middle Initial) <b>B. JOHN RUTLEDGE</b>			Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 27 / 2016	
Mailing Address 11727 FLINTWOOD DR.			<b>Transaction ID : SA17.348532</b>	
City HOUSTON	State TX	Zip Code 77024-	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item CONTRIBUTION		
Name of Employer RETIRED		Occupation RETIRED		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00		
			NON CONTRIBUTION ACCOUNT	

Full Name (Last, First, Middle Initial) <b>C. REESE RYAN</b>			Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 16 / 2016	
Mailing Address 3400 E. PALM VALLEY BLVD			<b>Transaction ID : SA17.348707</b>	
City ROUND ROCK TEXAS	State TX	Zip Code 78665-	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item CONTRIBUTION		
Name of Employer RYAN SANDERS BASEBALL		Occupation CEO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00		
			NON CONTRIBUTION ACCOUNT	

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2250.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 610 OF 2173  
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. STEVE SAAF**

Mailing Address P.O. BOX 620

City	State	Zip Code
MONTE RIO	CA	95462-

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	15	/	2016

Transaction ID : SA17.348426

Amount of Each Receipt this Period

250.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**B. RALPH SALLUSTI**

Mailing Address 13108 ST. ANDREWS DSR. OKLAHOMA CI

City	State	Zip Code
OKLAHOMA CITY	OK	73120-

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

LAWYER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	28	/	2016

Transaction ID : SA17.348542

Amount of Each Receipt this Period

250.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**C. JOSEPH SALVATI**

Mailing Address 3554 SPRINGBRIAR DR.

City	State	Zip Code
CASTLE ROCK	CO	80109-7996

FEC ID number of contributing  
federal political committee.

C

Name of Employer

LOCKHEED MARTIN

Occupation

ENGINEER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	27	/	2016

Transaction ID : SA17.348056

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

600.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 611 OF 2173

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. JOHN SANSOM**

Mailing Address **9455 PENSACOLA BOULEVARD**  
**SUITE B**

City	State	Zip Code
PENSACOLA	FL	32534-1237

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**JOHN M. SANSOM, P.A.**

Occupation  
**ACCOUNTANT**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**750.00**

Date of Receipt

**06 / 20 / 2016**

**Transaction ID : SA17.348459**

Amount of Each Receipt this Period

**250.00**

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**B. JOHN SANSOM**

Mailing Address **9455 PENSACOLA BOULEVARD**  
**SUITE B**

City	State	Zip Code
PENSACOLA	FL	32534-1237

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**JOHN M. SANSOM, P.A.**

Occupation  
**ACCOUNTANT**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**750.00**

Date of Receipt

**06 / 02 / 2016**

**Transaction ID : SA17.348831**

Amount of Each Receipt this Period

**5.00**

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT; EARMARKED  
CONTRIBUTION FOR DONALD J TRUMP FOR  
PRESIDENT, INC. COMMITTEE ID

Full Name (Last, First, Middle Initial)

**C. JOHN SANSOM**

Mailing Address **9455 PENSACOLA BOULEVARD**  
**SUITE B**

City	State	Zip Code
PENSACOLA	FL	32534-1237

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**JOHN M. SANSOM, P.A.**

Occupation  
**ACCOUNTANT**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**750.00**

Date of Receipt

**06 / 02 / 2016**

**Transaction ID : SA17.354375**

Amount of Each Receipt this Period

**245.00**

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

**500.00**

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 612 OF 2173

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. BOBBIE SCHAFFNIT**

Mailing Address P. O. BOX 1385

City  
ROCKINGHAMState Zip Code  
NC 28380-FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

775.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	16	/	2016

Transaction ID : SA17.342223

Amount of Each Receipt this Period

25.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**B. BOBBIE SCHAFFNIT**

Mailing Address P. O. BOX 1385

City  
ROCKINGHAMState Zip Code  
NC 28380-FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

775.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	08	/	2016

Transaction ID : SA17.345137

Amount of Each Receipt this Period

50.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**C. BOBBIE SCHAFFNIT**

Mailing Address P. O. BOX 1385

City  
ROCKINGHAMState Zip Code  
NC 28380-FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

775.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	09	/	2016

Transaction ID : SA17.345227

Amount of Each Receipt this Period

50.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

125.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 613 OF 2173

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17
------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	--

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. BOBBIE SCHAFFNIT**

Mailing Address P . O. BOX 1385

City	State	Zip Code
ROCKINGHAM	NC	28380-

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

775.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	19	/	2016

Transaction ID : SA17.346734

Amount of Each Receipt this Period

75.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**B. BOBBIE SCHAFFNIT**

Mailing Address P . O. BOX 1385

City	State	Zip Code
ROCKINGHAM	NC	28380-

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

775.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	02	/	2016

Transaction ID : SA17.348859

Amount of Each Receipt this Period

5.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT; EARMARKED  
CONTRIBUTION FOR DONALD J TRUMP FOR  
PRESIDENT, INC. COMMITTEE ID

Full Name (Last, First, Middle Initial)

**C. BOBBIE SCHAFFNIT**

Mailing Address P . O. BOX 1385

City	State	Zip Code
ROCKINGHAM	NC	28380-

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

775.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	11	/	2016

Transaction ID : SA17.349422

Amount of Each Receipt this Period

5.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT; EARMARKED  
CONTRIBUTION FOR DONALD J TRUMP FOR  
PRESIDENT, INC. COMMITTEE ID

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

85.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 614 OF 2173

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. BOBBIE SCHAFFNIT**

Mailing Address P. O. BOX 1385

City	State	Zip Code
ROCKINGHAM	NC	28380-

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

775.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	02	/	2016

Transaction ID : SA17.353543

Amount of Each Receipt this Period

45.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**B. BOBBIE SCHAFFNIT**

Mailing Address P. O. BOX 1385

City	State	Zip Code
ROCKINGHAM	NC	28380-

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

775.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	11	/	2016

Transaction ID : SA17.353642

Amount of Each Receipt this Period

45.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**C. SHARON SCHECHTER**

Mailing Address 11 STODDART COURT

City	State	Zip Code
LOCUST VALLEY	NY	11560-2401

FEC ID number of contributing  
federal political committee.

C

Name of Employer

N/A

Occupation

N/A

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	17	/	2016

Transaction ID : SA17.347345

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

190.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 615 OF 2173

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17
------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	--

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**Full Name (Last, First, Middle Initial)  
**A. SHARON SCHECHTER**

Mailing Address 11 STODDART COURT

City	State	Zip Code
LOCUST VALLEY	NY	11560-2401

FEC ID number of contributing  
federal political committee.

C

Name of Employer

N/A

Occupation

N/A

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
06	/	22	/	2016

Transaction ID : SA17.350229

Amount of Each Receipt this Period

5.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT; EARMARKED  
CONTRIBUTION FOR DONALD J TRUMP FOR  
PRESIDENT, INC. COMMITTEE IDFull Name (Last, First, Middle Initial)  
**B. SHARON SCHECHTER**

Mailing Address 11 STODDART COURT

City	State	Zip Code
LOCUST VALLEY	NY	11560-2401

FEC ID number of contributing  
federal political committee.

C

Name of Employer

N/A

Occupation

N/A

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
06	/	22	/	2016

Transaction ID : SA17.354194

Amount of Each Receipt this Period

95.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)  
**C. GEORGE SCHERER**

Mailing Address 606 LOUGHMOR PASS

City	State	Zip Code
SAINT CHARLES	MO	63304-

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
06	/	01	/	2016

Transaction ID : SA17.348684

Amount of Each Receipt this Period

1000.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1100.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 616 OF 2173

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. JOAN SCHMIDT**

Mailing Address 4506 PROVIDENCE POINT PLACE SE

City	State	Zip Code
ISSAQUAH	WA	98029-6835

FEC ID number of contributing federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	06	/	2016

Transaction ID : SA17.340863

Amount of Each Receipt this Period

25.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**B. JOAN SCHMIDT**

Mailing Address 4506 PROVIDENCE POINT PLACE SE

City	State	Zip Code
ISSAQUAH	WA	98029-6835

FEC ID number of contributing federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	15	/	2016

Transaction ID : SA17.341967

Amount of Each Receipt this Period

25.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**C. JOAN SCHMIDT**

Mailing Address 4506 PROVIDENCE POINT PLACE SE

City	State	Zip Code
ISSAQUAH	WA	98029-6835

FEC ID number of contributing federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	21	/	2016

Transaction ID : SA17.343143

Amount of Each Receipt this Period

25.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

75.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 617 OF 2173

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

## **A. JOAN SCHMIDT**

Mailing Address 4506 PROVIDENCE POINT PLACE SE

City State Zip Code  
ISSAQUAH WA 98029-6835

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 21 / 2016

Transaction ID : SA17.343144

Amount of Each Receipt this Period

25.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

## **B. JOAN SCHMIDT**

Mailing Address 4506 PROVIDENCE POINT PLACE SE

City State Zip Code  
ISSAQUAH WA 98029-6835

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 21 / 2016

Transaction ID : SA17.343145

Amount of Each Receipt this Period

25.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

## **C. JOAN SCHMIDT**

Mailing Address 4506 PROVIDENCE POINT PLACE SE

City State Zip Code  
ISSAQUAH WA 98029-6835

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 03 / 2016

Transaction ID : SA17.349121

Amount of Each Receipt this Period

5.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT; EARMARKED  
CONTRIBUTION FOR DONALD J TRUMP FOR  
PRESIDENT, INC. COMMITTEE ID

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

55.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 618 OF 2173

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. JOAN SCHMIDT**

Mailing Address 4506 PROVIDENCE POINT PLACE SE

City	State	Zip Code
ISSAQUAH	WA	98029-6835

FEC ID number of contributing federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	03	/	2016

Transaction ID : SA17.352276

Amount of Each Receipt this Period

20.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**B. STANLEY SCHMIDT**

Mailing Address P.O. BOX 137

City	State	Zip Code
DALLAS	OR	97338-0137

FEC ID number of contributing federal political committee.

C

Name of Employer

SELF

Occupation

STATE FARM INS AGENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	08	/	2016

Transaction ID : SA17.346958

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**C. STANLEY SCHMIDT**

Mailing Address P.O. BOX 137

City	State	Zip Code
DALLAS	OR	97338-0137

FEC ID number of contributing federal political committee.

C

Name of Employer

SELF

Occupation

STATE FARM INS AGENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	16	/	2016

Transaction ID : SA17.347260

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

220.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 619 OF 2173  
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

<b>A. STANLEY SCHMIDT</b> Full Name (Last, First, Middle Initial) Mailing Address P.O. BOX 137 <hr/> <table style="width: 100%;"> <tr> <td style="width: 33%;">City DALLAS</td> <td style="width: 33%;">State OR</td> <td style="width: 33%;">Zip Code 97338-0137</td> </tr> </table> <hr/> FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span> <hr/> <table style="width: 100%;"> <tr> <td style="width: 33%;">Name of Employer SELF</td> <td style="width: 66%;">Occupation STATE FARM INS AGENT</td> </tr> </table> <hr/> <table style="width: 100%;"> <tr> <td style="width: 33%;">Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</td> <td style="width: 66%;">Aggregate Year-to-Date ▼ <div style="border: 1px solid black; padding: 2px; text-align: right;">600.00</div></td> </tr> </table>			City DALLAS	State OR	Zip Code 97338-0137	Name of Employer SELF	Occupation STATE FARM INS AGENT	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <div style="border: 1px solid black; padding: 2px; text-align: right;">600.00</div>	Date of Receipt <div style="border: 1px solid black; padding: 2px; text-align: center;"> M M / D D / Y Y Y Y Y Y  06 / 13 / 2016 </div> <b>Transaction ID : SA17.349654</b> <hr/> Amount of Each Receipt this Period <div style="border: 1px solid black; padding: 2px; text-align: right;">5.00</div> <hr/> <input type="checkbox"/> Memo Item <b>CONTRIBUTION</b>  NON CONTRIBUTION ACCOUNT; EARMARKED CONTRIBUTION FOR DONALD J TRUMP FOR PRESIDENT, INC. COMMITTEE ID
City DALLAS	State OR	Zip Code 97338-0137								
Name of Employer SELF	Occupation STATE FARM INS AGENT									
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <div style="border: 1px solid black; padding: 2px; text-align: right;">600.00</div>									
<b>B. STANLEY SCHMIDT</b> Full Name (Last, First, Middle Initial) Mailing Address P.O. BOX 137 <hr/> <table style="width: 100%;"> <tr> <td style="width: 33%;">City DALLAS</td> <td style="width: 33%;">State OR</td> <td style="width: 33%;">Zip Code 97338-0137</td> </tr> </table> <hr/> FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span> <hr/> <table style="width: 100%;"> <tr> <td style="width: 33%;">Name of Employer SELF</td> <td style="width: 66%;">Occupation STATE FARM INS AGENT</td> </tr> </table> <hr/> <table style="width: 100%;"> <tr> <td style="width: 33%;">Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</td> <td style="width: 66%;">Aggregate Year-to-Date ▼ <div style="border: 1px solid black; padding: 2px; text-align: right;">600.00</div></td> </tr> </table>			City DALLAS	State OR	Zip Code 97338-0137	Name of Employer SELF	Occupation STATE FARM INS AGENT	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <div style="border: 1px solid black; padding: 2px; text-align: right;">600.00</div>	Date of Receipt <div style="border: 1px solid black; padding: 2px; text-align: center;"> M M / D D / Y Y Y Y Y Y  06 / 13 / 2016 </div> <b>Transaction ID : SA17.354119</b> <hr/> Amount of Each Receipt this Period <div style="border: 1px solid black; padding: 2px; text-align: right;">95.00</div> <hr/> <input type="checkbox"/> Memo Item <b>CONTRIBUTION</b>  NON CONTRIBUTION ACCOUNT
City DALLAS	State OR	Zip Code 97338-0137								
Name of Employer SELF	Occupation STATE FARM INS AGENT									
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <div style="border: 1px solid black; padding: 2px; text-align: right;">600.00</div>									
<b>C. DAN SCHMUCKER</b> Full Name (Last, First, Middle Initial) Mailing Address 2905 GLEN MEADOW CIRCLE P.O BOX 51 <hr/> <table style="width: 100%;"> <tr> <td style="width: 33%;">City BRYN ATHYN</td> <td style="width: 33%;">State PA</td> <td style="width: 33%;">Zip Code 19009-</td> </tr> </table> <hr/> FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span> <hr/> <table style="width: 100%;"> <tr> <td style="width: 33%;">Name of Employer TOTAL TURF LANDSCAPE SERVICES</td> <td style="width: 66%;">Occupation BUISNES OWNER</td> </tr> </table> <hr/> <table style="width: 100%;"> <tr> <td style="width: 33%;">Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</td> <td style="width: 66%;">Aggregate Year-to-Date ▼ <div style="border: 1px solid black; padding: 2px; text-align: right;">800.00</div></td> </tr> </table>			City BRYN ATHYN	State PA	Zip Code 19009-	Name of Employer TOTAL TURF LANDSCAPE SERVICES	Occupation BUISNES OWNER	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <div style="border: 1px solid black; padding: 2px; text-align: right;">800.00</div>	Date of Receipt <div style="border: 1px solid black; padding: 2px; text-align: center;"> M M / D D / Y Y Y Y Y Y  06 / 21 / 2016 </div> <b>Transaction ID : SA17.348633</b> <hr/> Amount of Each Receipt this Period <div style="border: 1px solid black; padding: 2px; text-align: right;">500.00</div> <hr/> <input type="checkbox"/> Memo Item <b>CONTRIBUTION</b>  NON CONTRIBUTION ACCOUNT
City BRYN ATHYN	State PA	Zip Code 19009-								
Name of Employer TOTAL TURF LANDSCAPE SERVICES	Occupation BUISNES OWNER									
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <div style="border: 1px solid black; padding: 2px; text-align: right;">800.00</div>									
<b>SUBTOTAL</b> of Receipts This Page (optional)..... ►			<div style="border: 1px solid black; padding: 2px; text-align: right;">600.00</div>							
<b>TOTAL</b> This Period (last page this line number only)..... ►			<div style="border: 1px solid black; padding: 2px; text-align: right;"></div>							

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 620 OF 2173

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. LETA SCHULZ**

Mailing Address P.O. BOX 204

City  
LACROSSEState  
WAZip Code  
99143-0204FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	22	/	2016

Transaction ID : SA17.350793

Amount of Each Receipt this Period

5.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT; EARMARKED  
CONTRIBUTION FOR DONALD J TRUMP FOR  
PRESIDENT, INC. COMMITTEE ID

Full Name (Last, First, Middle Initial)

**B. LETA SCHULZ**

Mailing Address P.O. BOX 204

City  
LACROSSEState  
WAZip Code  
99143-0204FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	22	/	2016

Transaction ID : SA17.350794

Amount of Each Receipt this Period

5.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT; EARMARKED  
CONTRIBUTION FOR DONALD J TRUMP FOR  
PRESIDENT, INC. COMMITTEE ID

Full Name (Last, First, Middle Initial)

**C. LETA SCHULZ**

Mailing Address P.O. BOX 204

City  
LACROSSEState  
WAZip Code  
99143-0204FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	22	/	2016

Transaction ID : SA17.352078

Amount of Each Receipt this Period

15.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

25.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)  
**A. LETA SCHULZ**

Mailing Address P.O. BOX 204

City State Zip Code  
 LACROSSE WA 99143-0204

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

**06** / **22** / **2016**

**Transaction ID : SA17.353130**

Amount of Each Receipt this Period

20.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)  
**B. STEVEN SCHULTZ**

Mailing Address 56303 KEN CHARLES DR.

City State Zip Code  
 UTICA MI 48316-

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

BEAUMONT HOSPITAL

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

**06** / **16** / **2016**

**Transaction ID : SA17.347275**

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)  
**C. STEVEN SCHULTZ**

Mailing Address 56303 KEN CHARLES DR.

City State Zip Code  
 UTICA MI 48316-

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

BEAUMONT HOSPITAL

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

**06** / **23** / **2016**

**Transaction ID : SA17.351132**

Amount of Each Receipt this Period

5.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT; EARMARKED  
CONTRIBUTION FOR DONALD J TRUMP FOR  
PRESIDENT, INC. COMMITTEE ID

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

125.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 622 OF 2173

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial) <b>A. STEVEN SCHULTZ</b>			Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 23 / 2016 <b>Transaction ID : SA17.353929</b>	
Mailing Address 56303 KEN CHARLES DR.			Amount of Each Receipt this Period 45.00	
City UTICA	State MI	Zip Code 48316-	<input type="checkbox"/> Memo Item CONTRIBUTION	
FEC ID number of contributing federal political committee. C			NON CONTRIBUTION ACCOUNT	
Name of Employer BEAUMONT HOSPITAL		Occupation PHYSICIAN		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00		
Full Name (Last, First, Middle Initial) <b>B. JAMES SCHUMAN</b>			Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 24 / 2016 <b>Transaction ID : SA17.347885</b>	
Mailing Address 106 POGUE AVE			Amount of Each Receipt this Period 100.00	
City EASTLAND	State TX	Zip Code 76448-3005	<input type="checkbox"/> Memo Item CONTRIBUTION	
FEC ID number of contributing federal political committee. C			NON CONTRIBUTION ACCOUNT	
Name of Employer J & J AIR CONTITIONING, INC.		Occupation A/C SALES & SERVICE-OWNER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00		
Full Name (Last, First, Middle Initial) <b>C. CARMELO SCKITTONE</b>			Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 22 / 2016 <b>Transaction ID : SA17.348638</b>	
Mailing Address 625 AVE L 625 AVE L			Amount of Each Receipt this Period 500.00	
City DICKINSON	State TX	Zip Code 77539-8282	<input type="checkbox"/> Memo Item CONTRIBUTION	
FEC ID number of contributing federal political committee. C			NON CONTRIBUTION ACCOUNT	
Name of Employer INEOS STYROLUTION		Occupation PROCESSOPERATOR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 600.00		
<b>SUBTOTAL</b> of Receipts This Page (optional).....			645.00	
<b>TOTAL</b> This Period (last page this line number only).....				

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 623 OF 2173

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)  
**A. ROBERT SEELING**

Mailing Address **2000 NORTHSTAR PLACE**

City State Zip Code  
**WILMINGTON NC 28405-4260**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**RETIRED**

Occupation

**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**275.00**

Date of Receipt

**06 / 01 / 2016**

**Transaction ID : SA17.344905**

Amount of Each Receipt this Period

**50.00**

☐ Memo Item

**CONTRIBUTION**

**NON CONTRIBUTION ACCOUNT**

Full Name (Last, First, Middle Initial)  
**B. ROBERT SEELING**

Mailing Address **2000 NORTHSTAR PLACE**

City State Zip Code  
**WILMINGTON NC 28405-4260**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**RETIRED**

Occupation

**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**275.00**

Date of Receipt

**06 / 12 / 2016**

**Transaction ID : SA17.349632**

Amount of Each Receipt this Period

**5.00**

☐ Memo Item

**CONTRIBUTION**

**NON CONTRIBUTION ACCOUNT; EARMARKED  
CONTRIBUTION FOR DONALD J TRUMP FOR  
PRESIDENT, INC. COMMITTEE ID**

Full Name (Last, First, Middle Initial)  
**C. ROBERT SEELING**

Mailing Address **2000 NORTHSTAR PLACE**

City State Zip Code  
**WILMINGTON NC 28405-4260**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**RETIRED**

Occupation

**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**275.00**

Date of Receipt

**06 / 12 / 2016**

**Transaction ID : SA17.352546**

Amount of Each Receipt this Period

**20.00**

☐ Memo Item

**CONTRIBUTION**

**NON CONTRIBUTION ACCOUNT**

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

**75.00**

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 624 OF 2173

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. HELENA SELAWRY**

Mailing Address 386 BEAHM LANE

City	State	Zip Code
RILEYVILLE	VA	22650-

FEC ID number of contributing federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	27	/	2016

Transaction ID : SA17.348530

Amount of Each Receipt this Period

250.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**B. RONALD SELL**

Mailing Address 4933 BEECH CT

City	State	Zip Code
SCHNECKSVILLE	PA	18078-

FEC ID number of contributing federal political committee.

C

Name of Employer

CRYSTAL SPRING ELECTRIC

Occupation

ELECTRICAL CONTRACTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	09	/	2016

Transaction ID : SA17.348605

Amount of Each Receipt this Period

500.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**C. RONALD SELL**

Mailing Address 4933 BEECH CT

City	State	Zip Code
SCHNECKSVILLE	PA	18078-

FEC ID number of contributing federal political committee.

C

Name of Employer

CRYSTAL SPRING ELECTRIC

Occupation

ELECTRICAL CONTRACTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	16	/	2016

Transaction ID : SA17.350022

Amount of Each Receipt this Period

5.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT; EARMARKED  
CONTRIBUTION FOR DONALD J TRUMP FOR  
PRESIDENT, INC. COMMITTEE ID

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

755.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 625 OF 2173

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial) <b>A. RONALD SELL</b>			Date of Receipt <div> <div>M M / D D / Y Y Y Y Y</div> <div>06 / 16 / 2016</div> </div>
Mailing Address 4933 BEECH CT			<b>Transaction ID : SA17.353742</b>
City SCHNECKSVILLE	State PA	Zip Code 18078-	Amount of Each Receipt this Period <div> <div>45.00</div> </div>
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item CONTRIBUTION
Name of Employer CRYSTAL SPRING ELECTRIC	Occupation ELECTRICAL CONTRACTOR		NON CONTRIBUTION ACCOUNT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <div> <div>550.00</div> </div>		

Full Name (Last, First, Middle Initial) <b>B. PATRICIA SERIO</b>			Date of Receipt <div> <div>M M / D D / Y Y Y Y Y</div> <div>06 / 17 / 2016</div> </div>
Mailing Address 20134 DAMERAL DRIVE			<b>Transaction ID : SA17.346730</b>
City COVINA	State CA	Zip Code 91724-3937	Amount of Each Receipt this Period <div> <div>75.00</div> </div>
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item CONTRIBUTION
Name of Employer RETIRED	Occupation RETIRED		NON CONTRIBUTION ACCOUNT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <div> <div>612.00</div> </div>		

Full Name (Last, First, Middle Initial) <b>C. PATRICIA SERIO</b>			Date of Receipt <div> <div>M M / D D / Y Y Y Y Y</div> <div>06 / 13 / 2016</div> </div>
Mailing Address 20134 DAMERAL DRIVE			<b>Transaction ID : SA17.348329</b>
City COVINA	State CA	Zip Code 91724-3937	Amount of Each Receipt this Period <div> <div>105.00</div> </div>
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item CONTRIBUTION
Name of Employer RETIRED	Occupation RETIRED		NON CONTRIBUTION ACCOUNT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <div> <div>612.00</div> </div>		

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

225.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

## **A. PATRICIA SERIO**

Mailing Address 20134 DAMERAL DRIVE

City State Zip Code  
 COVINA CA 91724-3937

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

612.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 01 / 2016

Transaction ID : SA17.348331

Amount of Each Receipt this Period

127.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

## **B. PATRICIA SERIO**

Mailing Address 20134 DAMERAL DRIVE

City State Zip Code  
 COVINA CA 91724-3937

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

612.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 21 / 2016

Transaction ID : SA17.348478

Amount of Each Receipt this Period

250.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

## **C. PATRICIA SERIO**

Mailing Address 20134 DAMERAL DRIVE

City State Zip Code  
 COVINA CA 91724-3937

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

612.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 22 / 2016

Transaction ID : SA17.355058

Amount of Each Receipt this Period

5.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT; EARMARKED  
CONTRIBUTION FOR DONALD J TRUMP FOR  
PRESIDENT, INC. COMMITTEE ID

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

382.00

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 627 OF 2173

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. JOYCE SHAFFER**

Mailing Address 808 BELL RD

City	State	Zip Code
CHAGRIN FALLS	OH	44022-4152

FEC ID number of contributing federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	07	/	2016

Transaction ID : SA17.341000

Amount of Each Receipt this Period

25.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**B. JOYCE SHAFFER**

Mailing Address 808 BELL RD

City	State	Zip Code
CHAGRIN FALLS	OH	44022-4152

FEC ID number of contributing federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	16	/	2016

Transaction ID : SA17.347281

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**C. JOYCE SHAFFER**

Mailing Address 808 BELL RD

City	State	Zip Code
CHAGRIN FALLS	OH	44022-4152

FEC ID number of contributing federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	16	/	2016

Transaction ID : SA17.347282

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

225.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)  
**A. R. ANNE SHALE**

Mailing Address 1104 CHRISTI CIRCLE

City State Zip Code  
BEAVERCREEK OH 45434-6376

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOLZFASTER, CECIL, MCKNIGHT & MUES

Occupation  
ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

Transaction ID : SA17.342103

Amount of Each Receipt this Period

25.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)  
**B. R. ANNE SHALE**

Mailing Address 1104 CHRISTI CIRCLE

City State Zip Code  
BEAVERCREEK OH 45434-6376

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOLZFASTER, CECIL, MCKNIGHT & MUES

Occupation  
ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		02		2016

Transaction ID : SA17.348791

Amount of Each Receipt this Period

5.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT; EARMARKED  
CONTRIBUTION FOR DONALD J TRUMP FOR  
PRESIDENT, INC. COMMITTEE ID

Full Name (Last, First, Middle Initial)  
**C. R. ANNE SHALE**

Mailing Address 1104 CHRISTI CIRCLE

City State Zip Code  
BEAVERCREEK OH 45434-6376

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOLZFASTER, CECIL, MCKNIGHT & MUES

Occupation  
ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		11		2016

Transaction ID : SA17.349417

Amount of Each Receipt this Period

5.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT; EARMARKED  
CONTRIBUTION FOR DONALD J TRUMP FOR  
PRESIDENT, INC. COMMITTEE ID

SUBTOTAL of Receipts This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

35.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

<b>A. R. ANNE SHALE</b> Full Name (Last, First, Middle Initial) Mailing Address 1104 CHRISTI CIRCLE City BEAVERCREEK State OH Zip Code 45434-6376 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer HOLZFASTER, CECIL, MCKNIGHT & MUES Occupation ATTORNEY Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 255.00			Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 23 / 2016 <b>Transaction ID : SA17.351282</b> Amount of Each Receipt this Period 5.00 <input type="checkbox"/> Memo Item CONTRIBUTION NON CONTRIBUTION ACCOUNT; EARMARKED CONTRIBUTION FOR DONALD J TRUMP FOR PRESIDENT, INC. COMMITTEE ID
<b>B. R. ANNE SHALE</b> Full Name (Last, First, Middle Initial) Mailing Address 1104 CHRISTI CIRCLE City BEAVERCREEK State OH Zip Code 45434-6376 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer HOLZFASTER, CECIL, MCKNIGHT & MUES Occupation ATTORNEY Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 255.00			Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 02 / 2016 <b>Transaction ID : SA17.352031</b> Amount of Each Receipt this Period 15.00 <input type="checkbox"/> Memo Item CONTRIBUTION NON CONTRIBUTION ACCOUNT
<b>C. R. ANNE SHALE</b> Full Name (Last, First, Middle Initial) Mailing Address 1104 CHRISTI CIRCLE City BEAVERCREEK State OH Zip Code 45434-6376 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer HOLZFASTER, CECIL, MCKNIGHT & MUES Occupation ATTORNEY Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 255.00			Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 11 / 2016 <b>Transaction ID : SA17.352417</b> Amount of Each Receipt this Period 20.00 <input type="checkbox"/> Memo Item CONTRIBUTION NON CONTRIBUTION ACCOUNT
<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶			40.00
<b>TOTAL</b> This Period (last page this line number only)..... ▶			

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)  
**A. R. ANNE SHALE**

Mailing Address 1104 CHRISTI CIRCLE

City State Zip Code  
BEAVERCREEK OH 45434-6376

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOLZFASTER, CECIL, MCKNIGHT & MUES

Occupation  
ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	23	/	2016

**Transaction ID : SA17.353369**

Amount of Each Receipt this Period

20.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)  
**B. JIM SHAW**

Mailing Address 3931 E. 71ST STREET

City State Zip Code  
INDIANAPOLIS IN 46220-3783

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CONCEPTION TO REALITY, INC.

Occupation  
ENGINEERING, PM & CM COMPANY (1/3 OV

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	21	/	2016

**Transaction ID : SA17.347535**

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)  
**C. NORMAN SHAW**

Mailing Address 425 COLLEGE ST

City State Zip Code  
ROCKMART GA 30153-

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF

Occupation  
ANESTHESIA EQUIPMENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	09	/	2016

**Transaction ID : SA17.348410**

Amount of Each Receipt this Period

250.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

370.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial) <b>A. PHILIP SHAW</b>			Date of Receipt <div> <div>M M / D D / Y Y Y Y Y Y</div> <div>06 / 03 / 2016</div> </div>	
Mailing Address 1350 E FLAMINGO RD			<b>Transaction ID : SA17.348378</b>	
City LAS VEGAS	State NV	Zip Code 89119-	Amount of Each Receipt this Period <div> <div>250.00</div> </div>	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item CONTRIBUTION		
Name of Employer RETIRED		Occupation RETIRED		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <div> <div>250.00</div> </div>		
			NON CONTRIBUTION ACCOUNT	

Full Name (Last, First, Middle Initial) <b>B. LINDA SHEPHERD</b>			Date of Receipt <div> <div>M M / D D / Y Y Y Y Y Y</div> <div>06 / 06 / 2016</div> </div>	
Mailing Address 848 LIVINGSTON RD 144			<b>Transaction ID : SA17.344792</b>	
City CROSSVILLE	State TN	Zip Code 38555-6719	Amount of Each Receipt this Period <div> <div>30.00</div> </div>	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item CONTRIBUTION		
Name of Employer RETIRED		Occupation RETIRED		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <div> <div>210.00</div> </div>		
			NON CONTRIBUTION ACCOUNT	

Full Name (Last, First, Middle Initial) <b>C. JOHN SIBLEY</b>			Date of Receipt <div> <div>M M / D D / Y Y Y Y Y Y</div> <div>06 / 06 / 2016</div> </div>	
Mailing Address P O BOX 566			<b>Transaction ID : SA17.348591</b>	
City BASTROP	State LA	Zip Code 71221-	Amount of Each Receipt this Period <div> <div>500.00</div> </div>	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item CONTRIBUTION		
Name of Employer RETIRED		Occupation RETIRED		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <div> <div>500.00</div> </div>		
			NON CONTRIBUTION ACCOUNT	

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

780.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 632 OF 2173

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. JOSEPH SICARI**

Mailing Address 25439 N 89TH ST

City	State	Zip Code
SCOTTSDALE	AZ	85255-

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PARAGON VISION SCIENCESOccupation  
PRESIDENT & CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	22	/	2016

Transaction ID : SA17.350490

Amount of Each Receipt this Period

5.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT; EARMARKED  
CONTRIBUTION FOR DONALD J TRUMP FOR  
PRESIDENT, INC. COMMITTEE ID

Full Name (Last, First, Middle Initial)

**B. JOSEPH SICARI**

Mailing Address 25439 N 89TH ST

City	State	Zip Code
SCOTTSDALE	AZ	85255-

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PARAGON VISION SCIENCESOccupation  
PRESIDENT & CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	22	/	2016

Transaction ID : SA17.354439

Amount of Each Receipt this Period

495.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**C. ROBERT SIEBELINK**

Mailing Address 1851 FARRAGUT SW

City	State	Zip Code
WYOMING	MI	49519-

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
XIBITZ INCOccupation  
SELF EMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	19	/	2016

Transaction ID : SA17.348455

Amount of Each Receipt this Period

250.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

750.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 633 OF 2173

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. ROBERT SIEGFRIED**

Mailing Address 628 86TH STREET

City	State	Zip Code
DOWNERS GROVE	IL	60516-4936

FEC ID number of contributing federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	01	/	2016

Transaction ID : SA17.348587

Amount of Each Receipt this Period

500.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**B. ROBERT SIEGFRIED**

Mailing Address 628 86TH STREET

City	State	Zip Code
DOWNERS GROVE	IL	60516-4936

FEC ID number of contributing federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	21	/	2016

Transaction ID : SA17.348629

Amount of Each Receipt this Period

500.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**C. DANNY SIMPSON**

Mailing Address 4065 BLOSSOM HILL DRIVE

City	State	Zip Code
MATTHEWS	NC	28104-

FEC ID number of contributing federal political committee.

C

Name of Employer

SIMPSON ELECTRIC CO

Occupation

ELECTRICAL CONTRACTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	08	/	2016

Transaction ID : SA17.348596

Amount of Each Receipt this Period

500.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1500.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 634 OF 2173

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DAVID SISK**

Mailing Address 118 BIRCH WAY

City  
SAN RAFAELState  
CAZip Code  
94903-2943FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	21	/	2016

Transaction ID : SA17.347592

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**B. DAVID SISK**

Mailing Address 118 BIRCH WAY

City  
SAN RAFAELState  
CAZip Code  
94903-2943FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2016

Transaction ID : SA17.348316

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**C. C B SKINNER**

Mailing Address 6210 SAN JOSE BLVD W,

City  
JACKSONVILLEState  
FLZip Code  
32217-FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF

Occupation

FORESTRY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	20	/	2016

Transaction ID : SA17.348725

Amount of Each Receipt this Period

1000.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1200.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 635 OF 2173

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17
------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	--

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. C.B. SLABAUGH JR.**

Mailing Address 202 GLENTOWER

City  
SAN ANTONIOState  
TXZip Code  
78213-FEC ID number of contributing  
federal political committee.

C

Name of Employer  
QUICKBOOKSTEXAS.COMOccupation  
CPA

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6			2	8		2	0	1	6		

**Transaction ID : SA17.348748**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**B. MARY SLONE**

Mailing Address P.O. BOX 1875

City  
GEORGETOWNState  
KYZip Code  
40324-6875FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NAOccupation  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6			2	9		2	0	1	6		

**Transaction ID : SA17.344385**

Amount of Each Receipt this Period

25.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**C. MARY SLONE**

Mailing Address P.O. BOX 1875

City  
GEORGETOWNState  
KYZip Code  
40324-6875FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NAOccupation  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6			2	9		2	0	1	6		

**Transaction ID : SA17.348159**

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1125.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. MARY SLONE**

Mailing Address P.O. BOX 1875

City  
 GEORGETOWN

State Zip Code  
 KY 40324-6875

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

NA

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

**06 / 30 / 2016**

**Transaction ID : SA17.348247**

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**B. ROBERT SLOWIKOWSKI**

Mailing Address 2650 PLANTATION DR.

City  
 SAXONBURG

State Zip Code  
 PA 16056-

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

**06 / 22 / 2016**

**Transaction ID : SA17.348490**

Amount of Each Receipt this Period

250.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**C. MARY SMART**

Mailing Address 37202 N. BLACK VELVET LANE

City  
 WADSWORTH

State Zip Code  
 IL 60083-

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

**06 / 08 / 2016**

**Transaction ID : SA17.348599**

Amount of Each Receipt this Period

500.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

850.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 637 OF 2173

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. ANDREA SMITH**

Mailing Address 813 PRAIRIE LANE

City  
 EVANS

State  
 GA

Zip Code  
 30809-

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

06 / 15 / 2016

Transaction ID : SA17.348612

Amount of Each Receipt this Period

500.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**B. ANDREA SMITH**

Mailing Address 813 PRAIRIE LANE

City  
 EVANS

State  
 GA

Zip Code  
 30809-

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

06 / 24 / 2016

Transaction ID : SA17.348652

Amount of Each Receipt this Period

500.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**C. BUZ SMITH**

Mailing Address P O BOX 2370

City  
 FLAGLER BEACH

State  
 FL

Zip Code  
 32136-

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 14 / 2016

Transaction ID : SA17.348421

Amount of Each Receipt this Period

250.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1250.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 638 OF 2173

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DON SMITH**

Mailing Address 288 HUBBARD RD

City  
NEWTONState  
ALZip Code  
36352-8836FEC ID number of contributing  
federal political committee.

C

Name of Employer

DIXIE HORSE &amp; MULE CO

Occupation

BUSINESS OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6			2	3		2	0	1	6		

Transaction ID : SA17.348646

Amount of Each Receipt this Period

500.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**B. FREDERICK SMITH**

Mailing Address 10706 BEAVER DAM RD.

City

COCKEYSVILLE

State

MD

Zip Code

21030-

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SINCLAIR BROADCAST GROUP

Occupation

BUSINESS SINCLAIR BROADCAST GROUP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6			2	7		2	0	1	6		

Transaction ID : SA17.351470

Amount of Each Receipt this Period

5.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT; EARMARKED  
CONTRIBUTION FOR DONALD J TRUMP FOR  
PRESIDENT, INC. COMMITTEE ID

Full Name (Last, First, Middle Initial)

**C. FREDERICK SMITH**

Mailing Address 10706 BEAVER DAM RD.

City

COCKEYSVILLE

State

MD

Zip Code

21030-

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SINCLAIR BROADCAST GROUP

Occupation

BUSINESS SINCLAIR BROADCAST GROUP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6			2	7		2	0	1	6		

Transaction ID : SA17.354451

Amount of Each Receipt this Period

995.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

1500.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 639 OF 2173

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial) <b>A. PRESTON SMITH</b>			Date of Receipt <div> <div>MM / DD / YYYY</div> <div>06 / 22 / 2016</div> </div>	
Mailing Address P O BOX 30490 P O BOX 30490			<b>Transaction ID : SA17.350308</b>	
City FORT LAUDERDALE	State FL	Zip Code 33303-	Amount of Each Receipt this Period <div> <div>Amount</div> <div>5.00</div> </div>	
FEC ID number of contributing federal political committee. <div>C</div>		<input type="checkbox"/> Memo Item CONTRIBUTION		
Name of Employer RETIRED		Occupation RETIRED		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <div> <div>Amount</div> <div>500.00</div> </div>		
Full Name (Last, First, Middle Initial) <b>B. PRESTON SMITH</b>			Date of Receipt <div> <div>MM / DD / YYYY</div> <div>06 / 22 / 2016</div> </div>	
Mailing Address P O BOX 30490 P O BOX 30490			<b>Transaction ID : SA17.354436</b>	
City FORT LAUDERDALE	State FL	Zip Code 33303-	Amount of Each Receipt this Period <div> <div>Amount</div> <div>495.00</div> </div>	
FEC ID number of contributing federal political committee. <div>C</div>		<input type="checkbox"/> Memo Item CONTRIBUTION		
Name of Employer RETIRED		Occupation RETIRED		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <div> <div>Amount</div> <div>500.00</div> </div>		
Full Name (Last, First, Middle Initial) <b>C. RICH SMITH</b>			Date of Receipt <div> <div>MM / DD / YYYY</div> <div>06 / 18 / 2016</div> </div>	
Mailing Address 290 N E 5TH AVE 16			<b>Transaction ID : SA17.348451</b>	
City DELRAY BEACH	State FL	Zip Code 33483-	Amount of Each Receipt this Period <div> <div>Amount</div> <div>250.00</div> </div>	
FEC ID number of contributing federal political committee. <div>C</div>		<input type="checkbox"/> Memo Item CONTRIBUTION		
Name of Employer RETIRED		Occupation RETIRED		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <div> <div>Amount</div> <div>250.00</div> </div>		
<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶			<div> <div>Amount</div> <div>750.00</div> </div>	
<b>TOTAL</b> This Period (last page this line number only)..... ▶			<div> <div>Amount</div> <div></div> </div>	

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

## **A. SANDRA SMITH**

Mailing Address 7169 SW DUNRAVEN LN

City State Zip Code  
 PORT ORCHARD WA 98367-

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED U.S. NAVY OFFICER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 22 / 2016

Transaction ID : SA17.348644

Amount of Each Receipt this Period

500.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

## **B. SEWARD SMITH**

Mailing Address 2405 3RD PLACE SW

City State Zip Code  
 VERO BEACH FL 32962-

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

06 / 03 / 2016

Transaction ID : SA17.344818

Amount of Each Receipt this Period

35.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

## **C. THEODORE SMITH**

Mailing Address 233 CLEFT ROAD

City State Zip Code  
 MILL NECK NY 11765-

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

06 / 03 / 2016

Transaction ID : SA17.346866

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

635.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 641 OF 2173

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)  
**A. THEODORE SMITH**

Mailing Address 233 CLEFT ROAD

City	State	Zip Code
MILL NECK	NY	11765-

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

**06 / 28 / 2016**

Transaction ID : **SA17.348547**

Amount of Each Receipt this Period

250.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)  
**B. NICK SNIDER**

Mailing Address 5655 COLE RD

City	State	Zip Code
BUFORD	GA	30518-

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

UNITED PARCEL SERVICE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

**06 / 01 / 2016**

Transaction ID : **SA17.333710**

Amount of Each Receipt this Period

500.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)  
**C. BOB SOLOMON**

Mailing Address 30 CAMBRIDGE DR.

City	State	Zip Code
BOYNTON BEACH	FL	33436-

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

**06 / 30 / 2016**

Transaction ID : **SA17.348679**

Amount of Each Receipt this Period

500.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1250.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 642 OF 2173

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial) <b>A. NANCY BURKE SOLOMON</b>			Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 22 / 2016 <b>Transaction ID : SA17.350971</b>	
Mailing Address 325 EAST 57 STREET 14A			Amount of Each Receipt this Period 5.00	
City NEW YORK CITY	State NY	Zip Code 10022-	<input type="checkbox"/> Memo Item CONTRIBUTION	
FEC ID number of contributing federal political committee. C			NON CONTRIBUTION ACCOUNT; EARMARKED CONTRIBUTION FOR DONALD J TRUMP FOR PRESIDENT, INC. COMMITTEE ID	
Name of Employer RETIRED	Occupation RETIRED			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00			

Full Name (Last, First, Middle Initial) <b>B. NANCY BURKE SOLOMON</b>			Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 22 / 2016 <b>Transaction ID : SA17.354450</b>	
Mailing Address 325 EAST 57 STREET 14A			Amount of Each Receipt this Period 995.00	
City NEW YORK CITY	State NY	Zip Code 10022-	<input type="checkbox"/> Memo Item CONTRIBUTION	
FEC ID number of contributing federal political committee. C			NON CONTRIBUTION ACCOUNT	
Name of Employer RETIRED	Occupation RETIRED			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00			

Full Name (Last, First, Middle Initial) <b>C. LINDA SORENSON</b>			Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 13 / 2016 <b>Transaction ID : SA17.349786</b>	
Mailing Address 1619 SOUTH 58TH ST			Amount of Each Receipt this Period 5.00	
City MILWAUKEE	State WI	Zip Code 53214-	<input type="checkbox"/> Memo Item CONTRIBUTION	
FEC ID number of contributing federal political committee. C			NON CONTRIBUTION ACCOUNT; EARMARKED CONTRIBUTION FOR DONALD J TRUMP FOR PRESIDENT, INC. COMMITTEE ID	
Name of Employer NA	Occupation HOMEMAKER/GRAD STUDENT			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00			

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1005.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 643 OF 2173

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17
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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)  
**GREAT AMERICA PAC**Full Name (Last, First, Middle Initial)  
**A. LINDA SORENSON**

Mailing Address 1619 SOUTH 58TH ST

City	State	Zip Code
MILWAUKEE	WI	53214-

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NA

Occupation

HOMEMAKER/GRAD STUDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	13	/	2016

Transaction ID : SA17.354014

Amount of Each Receipt this Period

65.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)  
**B. MANUEL SOUSA**

Mailing Address 254 QUILL AVE

City	State	Zip Code
THE VILLAGES	FL	32162-5034

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	08	/	2016

Transaction ID : SA17.341070

Amount of Each Receipt this Period

25.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)  
**C. MANUEL SOUSA**

Mailing Address 254 QUILL AVE

City	State	Zip Code
THE VILLAGES	FL	32162-5034

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	10	/	2016

Transaction ID : SA17.341470

Amount of Each Receipt this Period

25.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

115.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

## **A. MANUEL SOUSA**

Mailing Address 254 QUILL AVE

City

THE VILLAGES

State

FL

Zip Code

32162-5034

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

06 / 16 / 2016

Transaction ID : SA17.342044

Amount of Each Receipt this Period

25.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

## **B. MANUEL SOUSA**

Mailing Address 254 QUILL AVE

City

THE VILLAGES

State

FL

Zip Code

32162-5034

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

06 / 17 / 2016

Transaction ID : SA17.342449

Amount of Each Receipt this Period

25.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

## **C. MANUEL SOUSA**

Mailing Address 254 QUILL AVE

City

THE VILLAGES

State

FL

Zip Code

32162-5034

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

06 / 21 / 2016

Transaction ID : SA17.342874

Amount of Each Receipt this Period

25.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

75.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 645 OF 2173  
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17
------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	--

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

<b>A. MANUEL SOUSA</b> Full Name (Last, First, Middle Initial) Mailing Address 254 QUILL AVE City THE VILLAGES State FL Zip Code 32162-5034 FEC ID number of contributing federal political committee. C Name of Employer RETIRED Occupation RETIRED Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 510.00			Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 24 / 2016 <b>Transaction ID : SA17.343668</b> Amount of Each Receipt this Period 25.00 <input type="checkbox"/> Memo Item CONTRIBUTION NON CONTRIBUTION ACCOUNT
<b>B. MANUEL SOUSA</b> Full Name (Last, First, Middle Initial) Mailing Address 254 QUILL AVE City THE VILLAGES State FL Zip Code 32162-5034 FEC ID number of contributing federal political committee. C Name of Employer RETIRED Occupation RETIRED Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 510.00			Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 28 / 2016 <b>Transaction ID : SA17.344174</b> Amount of Each Receipt this Period 25.00 <input type="checkbox"/> Memo Item CONTRIBUTION NON CONTRIBUTION ACCOUNT
<b>C. MANUEL SOUSA</b> Full Name (Last, First, Middle Initial) Mailing Address 254 QUILL AVE City THE VILLAGES State FL Zip Code 32162-5034 FEC ID number of contributing federal political committee. C Name of Employer RETIRED Occupation RETIRED Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 510.00			Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 30 / 2016 <b>Transaction ID : SA17.344500</b> Amount of Each Receipt this Period 25.00 <input type="checkbox"/> Memo Item CONTRIBUTION NON CONTRIBUTION ACCOUNT
<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶			75.00
<b>TOTAL</b> This Period (last page this line number only)..... ▶			

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial) <b>A. MANUEL SOUSA</b>			Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 30 / 2016 <b>Transaction ID : SA17.344570</b>	
Mailing Address 254 QUILL AVE			Amount of Each Receipt this Period 25.00	
City THE VILLAGES	State FL	Zip Code 32162-5034	<input type="checkbox"/> Memo Item CONTRIBUTION	
FEC ID number of contributing federal political committee. C			NON CONTRIBUTION ACCOUNT	
Name of Employer RETIRED		Occupation RETIRED		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 510.00		
Full Name (Last, First, Middle Initial) <b>B. MANUEL SOUSA</b>			Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 02 / 2016 <b>Transaction ID : SA17.348818</b>	
Mailing Address 254 QUILL AVE			Amount of Each Receipt this Period 5.00	
City THE VILLAGES	State FL	Zip Code 32162-5034	<input type="checkbox"/> Memo Item CONTRIBUTION	
FEC ID number of contributing federal political committee. C			NON CONTRIBUTION ACCOUNT; EARMARKED CONTRIBUTION FOR DONALD J TRUMP FOR PRESIDENT, INC. COMMITTEE ID	
Name of Employer RETIRED		Occupation RETIRED		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 510.00		
Full Name (Last, First, Middle Initial) <b>C. MANUEL SOUSA</b>			Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 27 / 2016 <b>Transaction ID : SA17.351460</b>	
Mailing Address 254 QUILL AVE			Amount of Each Receipt this Period 5.00	
City THE VILLAGES	State FL	Zip Code 32162-5034	<input type="checkbox"/> Memo Item CONTRIBUTION	
FEC ID number of contributing federal political committee. C			NON CONTRIBUTION ACCOUNT; EARMARKED CONTRIBUTION FOR DONALD J TRUMP FOR PRESIDENT, INC. COMMITTEE ID	
Name of Employer RETIRED		Occupation RETIRED		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 510.00		
<b>SUBTOTAL</b> of Receipts This Page (optional).....			35.00	
<b>TOTAL</b> This Period (last page this line number only).....				

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input checked="" type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial) <b>A. MANUEL SOUSA</b>			Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 02 / 2016 <b>Transaction ID : SA17.352125</b>
Mailing Address 254 QUILL AVE			Amount of Each Receipt this Period 20.00 <input type="checkbox"/> Memo Item CONTRIBUTION  NON CONTRIBUTION ACCOUNT
City THE VILLAGES	State FL	Zip Code 32162-5034	
FEC ID number of contributing federal political committee. C			
Name of Employer RETIRED	Occupation RETIRED		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 510.00	

Full Name (Last, First, Middle Initial) <b>B. MANUEL SOUSA</b>			Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 27 / 2016 <b>Transaction ID : SA17.353442</b>
Mailing Address 254 QUILL AVE			Amount of Each Receipt this Period 20.00 <input type="checkbox"/> Memo Item CONTRIBUTION  NON CONTRIBUTION ACCOUNT
City THE VILLAGES	State FL	Zip Code 32162-5034	
FEC ID number of contributing federal political committee. C			
Name of Employer RETIRED	Occupation RETIRED		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 510.00	

Full Name (Last, First, Middle Initial) <b>C. MANUEL SOUSA</b>			Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 11 / 2016 <b>Transaction ID : SA17.354673</b>
Mailing Address 254 QUILL AVE			Amount of Each Receipt this Period 5.00 <input type="checkbox"/> Memo Item CONTRIBUTION  NON CONTRIBUTION ACCOUNT; EARMARKED CONTRIBUTION FOR DONALD J TRUMP FOR PRESIDENT, INC. COMMITTEE ID
City THE VILLAGES	State FL	Zip Code 32162-5034	
FEC ID number of contributing federal political committee. C			
Name of Employer RETIRED	Occupation RETIRED		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 510.00	

**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

45.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 648 OF 2173

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. MANUEL SOUSA**

Mailing Address 254 QUILL AVE

City  
 THE VILLAGES

State Zip Code  
 FL 32162-5034

FEC ID number of contributing  
 federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 22 / 2016

Transaction ID : SA17.354960

Amount of Each Receipt this Period

5.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT; EARMARKED  
 CONTRIBUTION FOR DONALD J TRUMP FOR  
 PRESIDENT, INC. COMMITTEE ID

Full Name (Last, First, Middle Initial)

**B. JOANNE SPEERS**

Mailing Address 104 VINCENT DR.

City  
 HONEY BROOK

State Zip Code  
 PA 19344-

FEC ID number of contributing  
 federal political committee.

C

Name of Employer

AUTO TERMINATOR, INC

Occupation

BOOKKEEPER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 23 / 2016

Transaction ID : SA17.351277

Amount of Each Receipt this Period

5.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT; EARMARKED  
 CONTRIBUTION FOR DONALD J TRUMP FOR  
 PRESIDENT, INC. COMMITTEE ID

Full Name (Last, First, Middle Initial)

**C. JOANNE SPEERS**

Mailing Address 104 VINCENT DR.

City  
 HONEY BROOK

State Zip Code  
 PA 19344-

FEC ID number of contributing  
 federal political committee.

C

Name of Employer

AUTO TERMINATOR, INC

Occupation

BOOKKEEPER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 23 / 2016

Transaction ID : SA17.354410

Amount of Each Receipt this Period

245.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

255.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 649 OF 2173

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial) <b>A. SHIRLEY SPELLERBERG</b>			Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 10 / 2016 <b>Transaction ID : SA17.345276</b>	
Mailing Address 3621 LYNCHBURG DRIVE			Amount of Each Receipt this Period 50.00	
City DENTON	State TX	Zip Code 76208-5329	<input type="checkbox"/> Memo Item CONTRIBUTION	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 300.00		
Name of Employer RETIRED		Occupation RETIRED		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		NON CONTRIBUTION ACCOUNT		

  

Full Name (Last, First, Middle Initial) <b>B. SHIRLEY SPELLERBERG</b>			Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 22 / 2016 <b>Transaction ID : SA17.350641</b>	
Mailing Address 3621 LYNCHBURG DRIVE			Amount of Each Receipt this Period 5.00	
City DENTON	State TX	Zip Code 76208-5329	<input type="checkbox"/> Memo Item CONTRIBUTION	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 300.00		
Name of Employer RETIRED		Occupation RETIRED		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		NON CONTRIBUTION ACCOUNT; EARMARKED CONTRIBUTION FOR DONALD J TRUMP FOR PRESIDENT, INC. COMMITTEE ID		

  

Full Name (Last, First, Middle Initial) <b>C. SHIRLEY SPELLERBERG</b>			Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 22 / 2016 <b>Transaction ID : SA17.353845</b>	
Mailing Address 3621 LYNCHBURG DRIVE			Amount of Each Receipt this Period 45.00	
City DENTON	State TX	Zip Code 76208-5329	<input type="checkbox"/> Memo Item CONTRIBUTION	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 300.00		
Name of Employer RETIRED		Occupation RETIRED		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		NON CONTRIBUTION ACCOUNT		

  

<b>SUBTOTAL</b> of Receipts This Page (optional).....			100.00	
<b>TOTAL</b> This Period (last page this line number only).....				

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 650 OF 2173

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. SHIRLEY SPENCER**

Mailing Address 2608 CARRIAGE PLACE

City  
 BIRMINGHAM

State Zip Code  
 AL 35223-1939

FEC ID number of contributing  
 federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 06 / 18 / 2016

Transaction ID : SA17.348720

Amount of Each Receipt this Period

1000.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**B. DAN SPENGLER**

Mailing Address 5400 STANFORD DRIVE

City  
 NASHVILLE

State Zip Code  
 TN 37215-4236

FEC ID number of contributing  
 federal political committee.

C

Name of Employer

VANDERBILT MEDICAL CENTER

Occupation

MEDICAL DOCTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 06 / 28 / 2016

Transaction ID : SA17.348668

Amount of Each Receipt this Period

500.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**C. DAN SPENGLER**

Mailing Address 5400 STANFORD DRIVE

City  
 NASHVILLE

State Zip Code  
 TN 37215-4236

FEC ID number of contributing  
 federal political committee.

C

Name of Employer

VANDERBILT MEDICAL CENTER

Occupation

MEDICAL DOCTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 06 / 16 / 2016

Transaction ID : SA17.348709

Amount of Each Receipt this Period

1000.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2500.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

## **A. DIANE SPENO**

Mailing Address 19385 MONTE VISTA DR.

City State Zip Code  
 SARATOGA CA 95070-

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 30 / 2016

Transaction ID : SA17.348575

Amount of Each Receipt this Period

250.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

## **B. BRIGID SPIN**

Mailing Address 5606 COURT OF YORK

City State Zip Code  
 HOUSTON TX 77069-

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 09 / 2016

Transaction ID : SA17.348606

Amount of Each Receipt this Period

500.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

## **C. KENNETH SPITLER**

Mailing Address 9502 BAYOU BROOK ST

City State Zip Code  
 HOUSTON TX 77063-

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

06 / 30 / 2016

Transaction ID : SA17.348757

Amount of Each Receipt this Period

1000.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1750.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

## **A. ROXAN STAFF**

Mailing Address 6964 TOKALON DRIVE

City State Zip Code  
DALLAS TX 75214-

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 16 / 2016

Transaction ID : SA17.348430

Amount of Each Receipt this Period

250.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

## **B. A J STARTZ**

Mailing Address 201 RHODES RD

City State Zip Code  
VICTORIA TX 77904-1459

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 02 / 2016

Transaction ID : SA17.340575

Amount of Each Receipt this Period

25.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

## **C. A J STARTZ**

Mailing Address 201 RHODES RD

City State Zip Code  
VICTORIA TX 77904-1459

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 10 / 2016

Transaction ID : SA17.344865

Amount of Each Receipt this Period

40.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

315.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

FOR LINE NUMBER: PAGE 653 OF 2173

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. A J STARTZ**

Mailing Address 201 RHODES RD

 City  
 VICTORIA

 State  
 TX

 Zip Code  
 77904-1459

 FEC ID number of contributing  
 federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	21	/	2016

Transaction ID : SA17.344867

Amount of Each Receipt this Period

40.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**B. A J STARTZ**

Mailing Address 201 RHODES RD

 City  
 VICTORIA

 State  
 TX

 Zip Code  
 77904-1459

 FEC ID number of contributing  
 federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	18	/	2016

Transaction ID : SA17.344871

Amount of Each Receipt this Period

45.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**C. JACK STATEN**

Mailing Address 24 CASH DRIVE

 City  
 CARSON CITY

 State  
 NV

 Zip Code  
 89706-7789

 FEC ID number of contributing  
 federal political committee.

C

Name of Employer

HELICAL WIRE INC.

Occupation

FOUNDER &amp; DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	17	/	2016

Transaction ID : SA17.347332

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

185.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 654 OF 2173

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. JACK STATEN**

Mailing Address 24 CASH DRIVE

City	State	Zip Code
CARSON CITY	NV	89706-7789

FEC ID number of contributing federal political committee.

C

Name of Employer  
HELICAL WIRE INC.Occupation  
FOUNDER & DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	28	/	2016

Transaction ID : SA17.348122

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**B. JOHN STATEN**

Mailing Address 2359 SPRING ROSE DRIVE

City	State	Zip Code
DAYTON	OH	45459-2874

FEC ID number of contributing federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	16	/	2016

Transaction ID : SA17.345458

Amount of Each Receipt this Period

50.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**C. JOHN STATEN**

Mailing Address 2359 SPRING ROSE DRIVE

City	State	Zip Code
DAYTON	OH	45459-2874

FEC ID number of contributing federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	21	/	2016

Transaction ID : SA17.347495

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

250.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 655 OF 2173

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial) <b>A. DONALD STELLATO</b>			Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 27 / 2016 <b>Transaction ID : SA17.348019</b>	
Mailing Address 240 DONLEA ROAD			Amount of Each Receipt this Period 100.00	
City BARRINGTON HILLS	State IL	Zip Code 60010-	<input type="checkbox"/> Memo Item CONTRIBUTION	
FEC ID number of contributing federal political committee. C		NON CONTRIBUTION ACCOUNT		
Name of Employer SELF	Occupation ATTORNEY	Aggregate Year-to-Date ▼ 1200.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				

Full Name (Last, First, Middle Initial) <b>B. DONALD STELLATO</b>			Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 30 / 2016 <b>Transaction ID : SA17.348229</b>	
Mailing Address 240 DONLEA ROAD			Amount of Each Receipt this Period 100.00	
City BARRINGTON HILLS	State IL	Zip Code 60010-	<input type="checkbox"/> Memo Item CONTRIBUTION	
FEC ID number of contributing federal political committee. C		NON CONTRIBUTION ACCOUNT		
Name of Employer SELF	Occupation ATTORNEY	Aggregate Year-to-Date ▼ 1200.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				

Full Name (Last, First, Middle Initial) <b>C. DENIS STERND AHL</b>			Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 28 / 2016 <b>Transaction ID : SA17.348674</b>	
Mailing Address 26980 WHITEHORSE PL			Amount of Each Receipt this Period 500.00	
City CANYON COUNTRY	State CA	Zip Code 91387-	<input type="checkbox"/> Memo Item CONTRIBUTION	
FEC ID number of contributing federal political committee. C		NON CONTRIBUTION ACCOUNT		
Name of Employer STERND AHL ENTERPRISES, INC.	Occupation BUSINESS OWNER	Aggregate Year-to-Date ▼ 600.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

700.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 656 OF 2173

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DENIS STERND AHL**

Mailing Address 26980 WHITEHORSE PL

City State Zip Code  
CANYON COUNTRY CA 91387-

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
STERND AHL ENTERPRISES, INC.

Occupation  
BUSINESS OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 03 / 2016

Transaction ID : SA17.349059

Amount of Each Receipt this Period

5.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT; EARMARKED  
CONTRIBUTION FOR DONALD J TRUMP FOR  
PRESIDENT, INC. COMMITTEE ID

Full Name (Last, First, Middle Initial)

**B. DENIS STERND AHL**

Mailing Address 26980 WHITEHORSE PL

City State Zip Code  
CANYON COUNTRY CA 91387-

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
STERND AHL ENTERPRISES, INC.

Occupation  
BUSINESS OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 03 / 2016

Transaction ID : SA17.354051

Amount of Each Receipt this Period

95.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**C. JAMES STEVENS**

Mailing Address 2836 NE 23RD AVENUE

City State Zip Code  
POMPANO BEACH FL 33064-

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ARBOR RESEARCH & TRADING, LLC

Occupation  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 27 / 2016

Transaction ID : SA17.351495

Amount of Each Receipt this Period

5.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT; EARMARKED  
CONTRIBUTION FOR DONALD J TRUMP FOR  
PRESIDENT, INC. COMMITTEE ID

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

105.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 657 OF 2173

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. JAMES STEVENS**

Mailing Address 2836 NE 23RD AVENUE

City	State	Zip Code
POMPANO BEACH	FL	33064-

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ARBOR RESEARCH & TRADING, LLCOccupation  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	27	/	2016

Transaction ID : SA17.354414

Amount of Each Receipt this Period

245.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**B. BEVERLY STEWART**

Mailing Address 6502 W 133RD TERR OVERLAND PARK,KS

City	State	Zip Code
SHAWNEE MISSION	KS	66209-

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	17	/	2016

Transaction ID : SA17.345582

Amount of Each Receipt this Period

50.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**C. BEVERLY STEWART**

Mailing Address 6502 W 133RD TERR OVERLAND PARK,KS

City	State	Zip Code
SHAWNEE MISSION	KS	66209-

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	17	/	2016

Transaction ID : SA17.345583

Amount of Each Receipt this Period

50.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

345.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 658 OF 2173

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. BEVERLY STEWART**

Mailing Address 6502 W 133RD TERR OVERLAND PARK,KS

City	State	Zip Code
SHAWNEE MISSION	KS	66209-

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	17	/	2016

Transaction ID : SA17.345584

Amount of Each Receipt this Period

50.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**B. BEVERLY STEWART**

Mailing Address 6502 W 133RD TERR OVERLAND PARK,KS

City	State	Zip Code
SHAWNEE MISSION	KS	66209-

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	17	/	2016

Transaction ID : SA17.345586

Amount of Each Receipt this Period

50.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**C. CHARLES STINSON**

Mailing Address P.O.BOX 62

City	State	Zip Code
PROSPECT HARBOR	ME	04669-0062

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	13	/	2016

Transaction ID : SA17.347200

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

200.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 659 OF 2173

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial) <b>A. CHARLES STINSON</b>			Date of Receipt <div> <div>MM / DD / YYYY</div> <div>06 / 05 / 2016</div> </div>	
Mailing Address P.O.BOX 62			<b>Transaction ID : SA17.349321</b>	
City PROSPECT HARBOR	State ME	Zip Code 04669-0062	Amount of Each Receipt this Period <div> <div></div> <div>5.00</div> </div>	
FEC ID number of contributing federal political committee. <div> <div>C</div> <div></div> </div>			<input type="checkbox"/> Memo Item CONTRIBUTION	
Name of Employer RETIRED		Occupation RETIRED	NON CONTRIBUTION ACCOUNT; EARMARKED CONTRIBUTION FOR DONALD J TRUMP FOR PRESIDENT, INC. COMMITTEE ID	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <div> <div></div> <div>500.00</div> </div>		
Full Name (Last, First, Middle Initial) <b>B. CHARLES STINSON</b>			Date of Receipt <div> <div>MM / DD / YYYY</div> <div>06 / 05 / 2016</div> </div>	
Mailing Address P.O.BOX 62			<b>Transaction ID : SA17.354084</b>	
City PROSPECT HARBOR	State ME	Zip Code 04669-0062	Amount of Each Receipt this Period <div> <div></div> <div>95.00</div> </div>	
FEC ID number of contributing federal political committee. <div> <div>C</div> <div></div> </div>			<input type="checkbox"/> Memo Item CONTRIBUTION	
Name of Employer RETIRED		Occupation RETIRED	NON CONTRIBUTION ACCOUNT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <div> <div></div> <div>500.00</div> </div>		
Full Name (Last, First, Middle Initial) <b>C. ALLEN C. STONE</b>			Date of Receipt <div> <div>MM / DD / YYYY</div> <div>06 / 22 / 2016</div> </div>	
Mailing Address 6300 W. MANSFIELD AVE 67			<b>Transaction ID : SA17.348493</b>	
City DENVER	State CO	Zip Code 80235-3032	Amount of Each Receipt this Period <div> <div></div> <div>250.00</div> </div>	
FEC ID number of contributing federal political committee. <div> <div>C</div> <div></div> </div>			<input type="checkbox"/> Memo Item CONTRIBUTION	
Name of Employer RETIRED		Occupation RETIRED	NON CONTRIBUTION ACCOUNT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <div> <div></div> <div>350.00</div> </div>		
<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶			<div> <div></div> <div>350.00</div> </div>	
<b>TOTAL</b> This Period (last page this line number only)..... ▶			<div> <div></div> <div></div> </div>	

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 660 OF 2173

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17
------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	--

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)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. FRANK STRAW**

Mailing Address 32200 CANTLON DRIVE

City	State	Zip Code
WADSWORTH	NV	89442-

FEC ID number of contributing federal political committee.

C

Name of Employer

ENVTECH INC.

Occupation

CHEMIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	17	/	2016

Transaction ID : SA17.347362

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**B. JERRY STRICKLAND**

Mailing Address 19307

City	State	Zip Code
JONESBORO	AR	72403-

FEC ID number of contributing federal political committee.

C

Name of Employer

SELF EMPLOYS

Occupation

SALESMAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	05	/	2016

Transaction ID : SA17.348384

Amount of Each Receipt this Period

250.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**C. VICTOR STRINGER**

Mailing Address 2739 SIGNAL PARKWAY

City	State	Zip Code
SIGNAL HILL	CA	90755-

FEC ID number of contributing federal political committee.

C

Name of Employer

V.R. CAMELOT, INC

Occupation

PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	22	/	2016

Transaction ID : SA17.350402

Amount of Each Receipt this Period

5.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT; EARMARKED CONTRIBUTION FOR DONALD J TRUMP FOR PRESIDENT, INC. COMMITTEE ID

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

355.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 661 OF 2173

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial) <b>A. VICTOR STRINGER</b>			Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 22 / 2016 <b>Transaction ID : SA17.354437</b>
Mailing Address 2739 SIGNAL PARKWAY			Amount of Each Receipt this Period 495.00 <input type="checkbox"/> Memo Item CONTRIBUTION  NON CONTRIBUTION ACCOUNT
City SIGNAL HILL	State CA	Zip Code 90755-	
FEC ID number of contributing federal political committee. C			
Name of Employer V.R. CAMELOT, INC	Occupation PRESIDENT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B. DEBORAH STUCK</b>			Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 25 / 2016 <b>Transaction ID : SA17.348523</b>
Mailing Address 17 OLD STAGE TRAIL			Amount of Each Receipt this Period 250.00 <input type="checkbox"/> Memo Item CONTRIBUTION  NON CONTRIBUTION ACCOUNT
City CLOVER	State SC	Zip Code 29710-	
FEC ID number of contributing federal political committee. C			
Name of Employer MARSHALL AIR SYSTEMS, INC	Occupation SALES		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C. JANE SUDBERRY</b>			Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 27 / 2016 <b>Transaction ID : SA17.348531</b>
Mailing Address 8052 CALLE DEL CIELO			Amount of Each Receipt this Period 250.00 <input type="checkbox"/> Memo Item CONTRIBUTION  NON CONTRIBUTION ACCOUNT
City LA JOLLA	State CA	Zip Code 92037-	
FEC ID number of contributing federal political committee. C			
Name of Employer NA	Occupation HOMEMAKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

995.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 662 OF 2173

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. NANCY SULLIVAN**

Mailing Address 351 MARIPOSA LOOP

City	State	Zip Code
NEW BRAUNFELS	TX	78132-3353

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	07	/	2016

Transaction ID : SA17.333571

Amount of Each Receipt this Period

1000.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**B. RONALD SULLIVAN**

Mailing Address 8 SARAH SANFORD RD. EAST

City	State	Zip Code
BRIDGEWATER	CT	06752-

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

RETIRED

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	22	/	2016

Transaction ID : SA17.348639

Amount of Each Receipt this Period

500.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**C. RAYMOND SUTER**

Mailing Address 7010 NW 95AVE

City	State	Zip Code
TAMARAC	FL	33321-

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

RETIRED

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	27	/	2016

Transaction ID : SA17.348533

Amount of Each Receipt this Period

250.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

1750.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 663 OF 2173

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial) <b>A. PUANGSRI SUWANKOSAI</b>			Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 14 / 2016	
Mailing Address 118 VICTORY ROAD 315 APT 315			Transaction ID : <b>SA17.339412</b>	
City SPRINGFIELD	State NJ	Zip Code 07081-1373	Amount of Each Receipt this Period 8.00	
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item CONTRIBUTION	
Name of Employer RETIRED		Occupation RETIRED	NON CONTRIBUTION ACCOUNT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 496.00		

Full Name (Last, First, Middle Initial) <b>B. PUANGSRI SUWANKOSAI</b>			Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 19 / 2016	
Mailing Address 118 VICTORY ROAD 315 APT 315			Transaction ID : <b>SA17.339414</b>	
City SPRINGFIELD	State NJ	Zip Code 07081-1373	Amount of Each Receipt this Period 8.00	
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item CONTRIBUTION	
Name of Employer RETIRED		Occupation RETIRED	NON CONTRIBUTION ACCOUNT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 496.00		

Full Name (Last, First, Middle Initial) <b>C. PUANGSRI SUWANKOSAI</b>			Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 25 / 2016	
Mailing Address 118 VICTORY ROAD 315 APT 315			Transaction ID : <b>SA17.339415</b>	
City SPRINGFIELD	State NJ	Zip Code 07081-1373	Amount of Each Receipt this Period 8.00	
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item CONTRIBUTION	
Name of Employer RETIRED		Occupation RETIRED	NON CONTRIBUTION ACCOUNT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 496.00		

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

24.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 664 OF 2173

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

<b>A. PUANGSRI SUWANKOSAI</b> Full Name (Last, First, Middle Initial) Mailing Address 118 VICTORY ROAD 315 APT 315 City SPRINGFIELD State NJ Zip Code 07081-1373 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer RETIRED Occupation RETIRED Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 496.00		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 07 / 2016 <b>Transaction ID : SA17.339527</b> Amount of Each Receipt this Period 10.00 <input type="checkbox"/> Memo Item CONTRIBUTION NON CONTRIBUTION ACCOUNT
<b>B. PUANGSRI SUWANKOSAI</b> Full Name (Last, First, Middle Initial) Mailing Address 118 VICTORY ROAD 315 APT 315 City SPRINGFIELD State NJ Zip Code 07081-1373 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer RETIRED Occupation RETIRED Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 496.00		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 13 / 2016 <b>Transaction ID : SA17.340025</b> Amount of Each Receipt this Period 11.00 <input type="checkbox"/> Memo Item CONTRIBUTION NON CONTRIBUTION ACCOUNT
<b>C. PUANGSRI SUWANKOSAI</b> Full Name (Last, First, Middle Initial) Mailing Address 118 VICTORY ROAD 315 APT 315 City SPRINGFIELD State NJ Zip Code 07081-1373 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer RETIRED Occupation RETIRED Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 496.00		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 16 / 2016 <b>Transaction ID : SA17.340027</b> Amount of Each Receipt this Period 11.00 <input type="checkbox"/> Memo Item CONTRIBUTION NON CONTRIBUTION ACCOUNT
<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶		32.00
<b>TOTAL</b> This Period (last page this line number only)..... ▶		



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial) <b>A. PUANGSRI SUWANKOSAI</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 19 / 2016 <b>Transaction ID : SA17.340028</b>
Mailing Address 118 VICTORY ROAD 315 APT 315		Amount of Each Receipt this Period 11.00
City SPRINGFIELD	State NJ	Zip Code 07081-1373
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item CONTRIBUTION
Name of Employer RETIRED	Occupation RETIRED	NON CONTRIBUTION ACCOUNT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 496.00	

Full Name (Last, First, Middle Initial) <b>B. PUANGSRI SUWANKOSAI</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 20 / 2016 <b>Transaction ID : SA17.340029</b>
Mailing Address 118 VICTORY ROAD 315 APT 315		Amount of Each Receipt this Period 11.00
City SPRINGFIELD	State NJ	Zip Code 07081-1373
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item CONTRIBUTION
Name of Employer RETIRED	Occupation RETIRED	NON CONTRIBUTION ACCOUNT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 496.00	

Full Name (Last, First, Middle Initial) <b>C. PUANGSRI SUWANKOSAI</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 21 / 2016 <b>Transaction ID : SA17.340030</b>
Mailing Address 118 VICTORY ROAD 315 APT 315		Amount of Each Receipt this Period 11.00
City SPRINGFIELD	State NJ	Zip Code 07081-1373
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item CONTRIBUTION
Name of Employer RETIRED	Occupation RETIRED	NON CONTRIBUTION ACCOUNT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 496.00	

**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

33.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 666 OF 2173  
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial) <b>A. PUANGSRI SUWANKOSAI</b>			Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 22 / 2016
Mailing Address 118 VICTORY ROAD 315 APT 315			Transaction ID : <b>SA17.340031</b>
City SPRINGFIELD	State NJ	Zip Code 07081-1373	Amount of Each Receipt this Period 11.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item
Name of Employer RETIRED		Occupation RETIRED	CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 496.00	NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial) <b>B. PUANGSRI SUWANKOSAI</b>			Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 24 / 2016
Mailing Address 118 VICTORY ROAD 315 APT 315			Transaction ID : <b>SA17.340032</b>
City SPRINGFIELD	State NJ	Zip Code 07081-1373	Amount of Each Receipt this Period 11.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item
Name of Employer RETIRED		Occupation RETIRED	CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 496.00	NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial) <b>C. PUANGSRI SUWANKOSAI</b>			Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 29 / 2016
Mailing Address 118 VICTORY ROAD 315 APT 315			Transaction ID : <b>SA17.340033</b>
City SPRINGFIELD	State NJ	Zip Code 07081-1373	Amount of Each Receipt this Period 11.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item
Name of Employer RETIRED		Occupation RETIRED	CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 496.00	NON CONTRIBUTION ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

33.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial) <b>A. PUANGSRI SUWANKOSAI</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 06 / 2016 <b>Transaction ID : SA17.340071</b>	
Mailing Address 118 VICTORY ROAD 315 APT 315 City SPRINGFIELD State NJ Zip Code 07081-1373		Amount of Each Receipt this Period 15.00 <input type="checkbox"/> Memo Item CONTRIBUTION	
FEC ID number of contributing federal political committee. C		NON CONTRIBUTION ACCOUNT	
Name of Employer RETIRED Occupation RETIRED			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 496.00	
Full Name (Last, First, Middle Initial) <b>B. PUANGSRI SUWANKOSAI</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 07 / 2016 <b>Transaction ID : SA17.340078</b>	
Mailing Address 118 VICTORY ROAD 315 APT 315 City SPRINGFIELD State NJ Zip Code 07081-1373		Amount of Each Receipt this Period 15.00 <input type="checkbox"/> Memo Item CONTRIBUTION	
FEC ID number of contributing federal political committee. C		NON CONTRIBUTION ACCOUNT	
Name of Employer RETIRED Occupation RETIRED			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 496.00	
Full Name (Last, First, Middle Initial) <b>C. PUANGSRI SUWANKOSAI</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 29 / 2016 <b>Transaction ID : SA17.340210</b>	
Mailing Address 118 VICTORY ROAD 315 APT 315 City SPRINGFIELD State NJ Zip Code 07081-1373		Amount of Each Receipt this Period 15.00 <input type="checkbox"/> Memo Item CONTRIBUTION	
FEC ID number of contributing federal political committee. C		NON CONTRIBUTION ACCOUNT	
Name of Employer RETIRED Occupation RETIRED			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 496.00	
<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶		45.00	
<b>TOTAL</b> This Period (last page this line number only)..... ▶			

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17
------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	--

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial) <b>A. PUANGSRI SUWANKOSAI</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 05 / 2016 <b>Transaction ID : SA17.340235</b>	
Mailing Address 118 VICTORY ROAD 315 APT 315 City SPRINGFIELD State NJ Zip Code 07081-1373		Amount of Each Receipt this Period 18.00 <input type="checkbox"/> Memo Item CONTRIBUTION	
FEC ID number of contributing federal political committee. C		NON CONTRIBUTION ACCOUNT	
Name of Employer RETIRED Occupation RETIRED			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 496.00	
Full Name (Last, First, Middle Initial) <b>B. PUANGSRI SUWANKOSAI</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 14 / 2016 <b>Transaction ID : SA17.340236</b>	
Mailing Address 118 VICTORY ROAD 315 APT 315 City SPRINGFIELD State NJ Zip Code 07081-1373		Amount of Each Receipt this Period 18.00 <input type="checkbox"/> Memo Item CONTRIBUTION	
FEC ID number of contributing federal political committee. C		NON CONTRIBUTION ACCOUNT	
Name of Employer RETIRED Occupation RETIRED			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 496.00	
Full Name (Last, First, Middle Initial) <b>C. PUANGSRI SUWANKOSAI</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 08 / 2016 <b>Transaction ID : SA17.340269</b>	
Mailing Address 118 VICTORY ROAD 315 APT 315 City SPRINGFIELD State NJ Zip Code 07081-1373		Amount of Each Receipt this Period 20.00 <input type="checkbox"/> Memo Item CONTRIBUTION	
FEC ID number of contributing federal political committee. C		NON CONTRIBUTION ACCOUNT	
Name of Employer RETIRED Occupation RETIRED			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 496.00	
<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶		56.00	
<b>TOTAL</b> This Period (last page this line number only)..... ▶			

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input checked="" type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial) <b>A. PUANGSRI SUWANKOSAI</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 18 / 2016 <b>Transaction ID : SA17.342547</b>
Mailing Address 118 VICTORY ROAD 315 APT 315		Amount of Each Receipt this Period 25.00
City SPRINGFIELD	State NJ	Zip Code 07081-1373
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item CONTRIBUTION
Name of Employer RETIRED	Occupation RETIRED	NON CONTRIBUTION ACCOUNT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 496.00	

Full Name (Last, First, Middle Initial) <b>B. PUANGSRI SUWANKOSAI</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 24 / 2016 <b>Transaction ID : SA17.343713</b>
Mailing Address 118 VICTORY ROAD 315 APT 315		Amount of Each Receipt this Period 25.00
City SPRINGFIELD	State NJ	Zip Code 07081-1373
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item CONTRIBUTION
Name of Employer RETIRED	Occupation RETIRED	NON CONTRIBUTION ACCOUNT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 496.00	

Full Name (Last, First, Middle Initial) <b>C. PUANGSRI SUWANKOSAI</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 11 / 2016 <b>Transaction ID : SA17.349566</b>
Mailing Address 118 VICTORY ROAD 315 APT 315		Amount of Each Receipt this Period 5.00
City SPRINGFIELD	State NJ	Zip Code 07081-1373
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item CONTRIBUTION
Name of Employer RETIRED	Occupation RETIRED	NON CONTRIBUTION ACCOUNT; EARMARKED CONTRIBUTION FOR DONALD J TRUMP FOR PRESIDENT, INC. COMMITTEE ID
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 496.00	

**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

55.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 670 OF 2173

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17
------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	--

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)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial) <b>A. PUANGSRI SUWANKOSAI</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 11 / 2016 <b>Transaction ID : SA17.351966</b>
Mailing Address 118 VICTORY ROAD 315 APT 315		Amount of Each Receipt this Period 10.00
City SPRINGFIELD	State NJ	Zip Code 07081-1373
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item CONTRIBUTION
Name of Employer RETIRED	Occupation RETIRED	NON CONTRIBUTION ACCOUNT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 496.00	

Full Name (Last, First, Middle Initial) <b>B. RONALD SWANSON</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 02 / 2016 <b>Transaction ID : SA17.344943</b>
Mailing Address 115 DURANGO TRL		Amount of Each Receipt this Period 50.00
City GEORGETOWN	State TX	Zip Code 78633-4875
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item CONTRIBUTION
Name of Employer RETIRED	Occupation RETIRED	NON CONTRIBUTION ACCOUNT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	

Full Name (Last, First, Middle Initial) <b>C. RONALD SWANSON</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 22 / 2016 <b>Transaction ID : SA17.350804</b>
Mailing Address 115 DURANGO TRL		Amount of Each Receipt this Period 5.00
City GEORGETOWN	State TX	Zip Code 78633-4875
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item CONTRIBUTION
Name of Employer RETIRED	Occupation RETIRED	NON CONTRIBUTION ACCOUNT; EARMARKED CONTRIBUTION FOR DONALD J TRUMP FOR PRESIDENT, INC. COMMITTEE ID
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

65.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 671 OF 2173

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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)  
**GREAT AMERICA PAC**Full Name (Last, First, Middle Initial)  
**A. RONALD SWANSON**

Mailing Address 115 DURANGO TRL

City	State	Zip Code
GEORGETOWN	TX	78633-4875

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	22	/	2016

Transaction ID : SA17.353874

Amount of Each Receipt this Period

45.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)  
**B. VIEVA SWEARINGEN**

Mailing Address 3721 DRYBREAD ROAD

City	State	Zip Code
COTTONWOOD	CA	96022-

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	28	/	2016

Transaction ID : SA17.348553

Amount of Each Receipt this Period

250.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)  
**C. NANCY SWEATT**

Mailing Address P O BOX 3087

City	State	Zip Code
SANTA CRUZ	CA	95063-

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	17	/	2016

Transaction ID : SA17.342309

Amount of Each Receipt this Period

25.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

320.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 672 OF 2173

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. NANCY SWEATT**

Mailing Address P O BOX 3087

City	State	Zip Code
SANTA CRUZ	CA	95063-

FEC ID number of contributing federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	02	/	2016

Transaction ID : SA17.348814

Amount of Each Receipt this Period

5.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT; EARMARKED  
CONTRIBUTION FOR DONALD J TRUMP FOR  
PRESIDENT, INC. COMMITTEE ID

Full Name (Last, First, Middle Initial)

**B. NANCY SWEATT**

Mailing Address P O BOX 3087

City	State	Zip Code
SANTA CRUZ	CA	95063-

FEC ID number of contributing federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	23	/	2016

Transaction ID : SA17.351343

Amount of Each Receipt this Period

5.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT; EARMARKED  
CONTRIBUTION FOR DONALD J TRUMP FOR  
PRESIDENT, INC. COMMITTEE ID

Full Name (Last, First, Middle Initial)

**C. NANCY SWEATT**

Mailing Address P O BOX 3087

City	State	Zip Code
SANTA CRUZ	CA	95063-

FEC ID number of contributing federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	02	/	2016

Transaction ID : SA17.352123

Amount of Each Receipt this Period

20.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

30.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

 FOR LINE NUMBER:  
 (check only one)

PAGE 673 OF 2173

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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 NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. NANCY SWEATT**

Mailing Address P O BOX 3087

City	State	Zip Code
SANTA CRUZ	CA	95063-

FEC ID number of contributing federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	23	/	2016

Transaction ID : SA17.353963

Amount of Each Receipt this Period

45.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**B. JOE SWEET**

Mailing Address 98 TIMBER RIDGE DR.

City	State	Zip Code
HOLBROOK	NY	11741-4151

FEC ID number of contributing federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	07	/	2016

Transaction ID : SA17.340956

Amount of Each Receipt this Period

25.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**C. JOE SWEET**

Mailing Address 98 TIMBER RIDGE DR.

City	State	Zip Code
HOLBROOK	NY	11741-4151

FEC ID number of contributing federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	16	/	2016

Transaction ID : SA17.342023

Amount of Each Receipt this Period

25.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

95.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 674 OF 2173

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17
------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	--

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. JOE SWEET**

Mailing Address 98 TIMBER RIDGE DR.

City	State	Zip Code
HOLBROOK	NY	11741-4151

FEC ID number of contributing federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6			2	7		2	0	1	6		

Transaction ID : SA17.343975

Amount of Each Receipt this Period

25.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**B. JOE SWEET**

Mailing Address 98 TIMBER RIDGE DR.

City	State	Zip Code
HOLBROOK	NY	11741-4151

FEC ID number of contributing federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6			2	8		2	0	1	6		

Transaction ID : SA17.344108

Amount of Each Receipt this Period

25.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**C. JOE SWEET**

Mailing Address 98 TIMBER RIDGE DR.

City	State	Zip Code
HOLBROOK	NY	11741-4151

FEC ID number of contributing federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6			3	0		2	0	1	6		

Transaction ID : SA17.344664

Amount of Each Receipt this Period

25.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

75.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 675 OF 2173

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input checked="" type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. JOE SWEET**

Mailing Address 98 TIMBER RIDGE DR.

City  
HOLBROOKState  
NYZip Code  
11741-4151FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	27	/	2016

Transaction ID : SA17.346365

Amount of Each Receipt this Period

50.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**B. JOE SWEET**

Mailing Address 98 TIMBER RIDGE DR.

City  
HOLBROOKState  
NYZip Code  
11741-4151FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	27	/	2016

Transaction ID : SA17.346763

Amount of Each Receipt this Period

75.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**C. JOE SWEET**

Mailing Address 98 TIMBER RIDGE DR.

City  
HOLBROOKState  
NYZip Code  
11741-4151FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	11	/	2016

Transaction ID : SA17.354654

Amount of Each Receipt this Period

5.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT; EARMARKED  
CONTRIBUTION FOR DONALD J TRUMP FOR  
PRESIDENT, INC. COMMITTEE ID

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

130.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 676 OF 2173

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. JOE SWEET**

Mailing Address 98 TIMBER RIDGE DR.

City State Zip Code  
 HOLBROOK NY 11741-4151

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

**06** / **27** / **2016**

Transaction ID : **SA17.355270**

Amount of Each Receipt this Period

5.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT; EARMARKED  
CONTRIBUTION FOR DONALD J TRUMP FOR  
PRESIDENT, INC. COMMITTEE ID

Full Name (Last, First, Middle Initial)

**B. DARLENE SWENSON**

Mailing Address 10105 MCCONNELL PLACE

City State Zip Code  
 LOS ANGELES CA 90064-

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

**06** / **29** / **2016**

Transaction ID : **SA17.348751**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**C. DIANA SZAMBECKI**

Mailing Address 5375 PARK DR.

City State Zip Code  
 VERMILION OH 44089-

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

FAMILY AND COMMUNITY

Occupation

WIFE, MOTHER, GRANDMOTHER AND VOL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

**06** / **27** / **2016**

Transaction ID : **SA17.348764**

Amount of Each Receipt this Period

2500.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

3505.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 677 OF 2173

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**Full Name (Last, First, Middle Initial)  
**A. JAMES TANKERSLEY**

Mailing Address 4103 E. NORTH ST.

City	State	Zip Code
GREENVILLE	SC	29615-

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF

Occupation

ORAL SURGEON

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6			2	3		2	0	1	6		

Transaction ID : SA17.348645

Amount of Each Receipt this Period

500.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)  
**B. MR. TERRY F. TANNER M.D. M.D.**

Mailing Address 323 SNELL ISLE BLVD

City	State	Zip Code
SAINT PETERSBURG	FL	33704-

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6				2	0	2	0	1	6		

Transaction ID : SA17.346736

Amount of Each Receipt this Period

75.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)  
**C. JOHN TATUM**

Mailing Address 3709 MAPLEWOOD AVE

City	State	Zip Code
DALLAS	TX	75205-2826

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2200.00

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6				2	2	2	0	1	6		

Transaction ID : SA17.348731

Amount of Each Receipt this Period

1000.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1575.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 678 OF 2173

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17
------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	--

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. AUSTIN TAYLOR**

Mailing Address 7715 SOUTHWESTERN BLVD

City	State	Zip Code
DALLAS	TX	75225-

FEC ID number of contributing federal political committee.

C

Name of Employer  
 MOVEIT MANAGEMENT LLC

Occupation  
 REAL ESTATE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	17	/	2016

Transaction ID : SA17.348713

Amount of Each Receipt this Period

1000.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**B. DOUG TAYLOR**

Mailing Address 317 PARAGON WAY

City	State	Zip Code
CASTLE ROCK	CO	80108-

FEC ID number of contributing federal political committee.

C

Name of Employer  
 WELLDYNE

Occupation  
 SALES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	17	/	2016

Transaction ID : SA17.348717

Amount of Each Receipt this Period

1000.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**C. FRED TEDESCO**

Mailing Address 9216 SPRING RUN BLVD

City	State	Zip Code
BONITA SPRINGS	FL	34135-4048

FEC ID number of contributing federal political committee.

C

Name of Employer  
 RETIRED

Occupation  
 RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	15	/	2016

Transaction ID : SA17.341965

Amount of Each Receipt this Period

25.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2025.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 679 OF 2173

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

## **A. FRED TEDESCO**

Mailing Address 9216 SPRING RUN BLVD

City State Zip Code  
 BONITA SPRINGS FL 34135-4048

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 24 / 2016

Transaction ID : SA17.343760

Amount of Each Receipt this Period

25.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

## **B. FRED TEDESCO**

Mailing Address 9216 SPRING RUN BLVD

City State Zip Code  
 BONITA SPRINGS FL 34135-4048

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 21 / 2016

Transaction ID : SA17.345970

Amount of Each Receipt this Period

50.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

## **C. FRED TEDESCO**

Mailing Address 9216 SPRING RUN BLVD

City State Zip Code  
 BONITA SPRINGS FL 34135-4048

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 10 / 2016

Transaction ID : SA17.347141

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

175.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 680 OF 2173

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. LINNETTE TEMPLE**

Mailing Address 422 S BURLINGAME AVE

City	State	Zip Code
LOS ANGELES	CA	90049-

FEC ID number of contributing federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	28	/	2016

Transaction ID : SA17.348746

Amount of Each Receipt this Period

1000.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**B. TIMOTHY TENBROOK**

Mailing Address 223N. GUADALUPE

City	State	Zip Code
SANTA FE	NM	87501-

FEC ID number of contributing federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	08	/	2016

Transaction ID : SA17.348394

Amount of Each Receipt this Period

250.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**C. DOMINIC TERAMANA**

Mailing Address 200 STANTON BLVD., SUITE 200

City	State	Zip Code
STEUBENVILLE	OH	43952-

FEC ID number of contributing federal political committee.

C

Name of Employer

TERAMANA ENTERPRISES

Occupation

REAL ESTATE DEVELOPER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	08	/	2016

Transaction ID : SA17.348391

Amount of Each Receipt this Period

250.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

1500.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 681 OF 2173

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)  
**A. HOMER T TERRY**

Mailing Address 326 HUNTERIAN PLACE

City State Zip Code  
NEWNAN GA 30265-5696

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

**06 / 21 / 2016**

Transaction ID : **SA17.343064**

Amount of Each Receipt this Period

25.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)  
**B. HOMER T TERRY**

Mailing Address 326 HUNTERIAN PLACE

City State Zip Code  
NEWNAN GA 30265-5696

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

**06 / 02 / 2016**

Transaction ID : **SA17.348793**

Amount of Each Receipt this Period

5.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT; EARMARKED  
CONTRIBUTION FOR DONALD J TRUMP FOR  
PRESIDENT, INC. COMMITTEE ID

Full Name (Last, First, Middle Initial)  
**C. HOMER T TERRY**

Mailing Address 326 HUNTERIAN PLACE

City State Zip Code  
NEWNAN GA 30265-5696

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

**06 / 04 / 2016**

Transaction ID : **SA17.349235**

Amount of Each Receipt this Period

5.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT; EARMARKED  
CONTRIBUTION FOR DONALD J TRUMP FOR  
PRESIDENT, INC. COMMITTEE ID

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

35.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 682 OF 2173

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)  
**A. HOMER T TERRY**

Mailing Address 326 HUNTERIAN PLACE

City State Zip Code  
 NEWNAN GA 30265-5696

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

**06 / 11 / 2016**

Transaction ID : **SA17.349414**

Amount of Each Receipt this Period

5.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT; EARMARKED  
CONTRIBUTION FOR DONALD J TRUMP FOR  
PRESIDENT, INC. COMMITTEE ID

Full Name (Last, First, Middle Initial)  
**B. HOMER T TERRY**

Mailing Address 326 HUNTERIAN PLACE

City State Zip Code  
 NEWNAN GA 30265-5696

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

**06 / 02 / 2016**

Transaction ID : **SA17.352113**

Amount of Each Receipt this Period

20.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)  
**C. HOMER T TERRY**

Mailing Address 326 HUNTERIAN PLACE

City State Zip Code  
 NEWNAN GA 30265-5696

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

**06 / 04 / 2016**

Transaction ID : **SA17.352333**

Amount of Each Receipt this Period

20.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

45.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 683 OF 2173

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial) <b>A. HOMER T TERRY</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 11 / 2016 <b>Transaction ID : SA17.352414</b>	
Mailing Address 326 HUNTERIAN PLACE City State Zip Code NEWNAN GA 30265-5696		Amount of Each Receipt this Period 20.00 <input type="checkbox"/> Memo Item CONTRIBUTION	
FEC ID number of contributing federal political committee. C		NON CONTRIBUTION ACCOUNT	
Name of Employer Occupation RETIRED RETIRED			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) <b>B. PATTI THAMES</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 08 / 2016 <b>Transaction ID : SA17.348395</b>	
Mailing Address 322 DEER RUN DRIVE S City State Zip Code PONTE VEDRA BEACH FL 32082-		Amount of Each Receipt this Period 250.00 <input type="checkbox"/> Memo Item CONTRIBUTION	
FEC ID number of contributing federal political committee. C		NON CONTRIBUTION ACCOUNT	
Name of Employer Occupation RETIRED RETIRED			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) <b>C. BARBARA THEBERGE</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 24 / 2016 <b>Transaction ID : SA17.348773</b>	
Mailing Address P.O. BOX 181289 City State Zip Code CORONADO CA 92178-		Amount of Each Receipt this Period 5000.00 <input type="checkbox"/> Memo Item CONTRIBUTION	
FEC ID number of contributing federal political committee. C		NON CONTRIBUTION ACCOUNT	
Name of Employer Occupation MANAGEMENT GROUP OF CORONADO PROPERTY MGMT			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 5000.00	
<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶		5270.00	
<b>TOTAL</b> This Period (last page this line number only)..... ▶			

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 684 OF 2173

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17
------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	--

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)  
**A. BARBARA THOMAS-JONES MD.**

Mailing Address 15445 MEADOW WOOD DRIVE

City	State	Zip Code
WEST PALM BEACH	FL	33414-9008

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

**06 / 09 / 2016**

**Transaction ID : SA17.347055**

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)  
**B. LORI THOMPSON**

Mailing Address 602 N GUADALUPE AVE  
 UNIT B

City	State	Zip Code
REDONDO BEACH	CA	90277-2953

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

REEDEX, INC.

Occupation

ACCTG. MGR.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

**06 / 17 / 2016**

**Transaction ID : SA17.348443**

Amount of Each Receipt this Period

250.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)  
**C. ROGER THOMPSON**

Mailing Address P.O. BOX 2810

City	State	Zip Code
PATTERSON	LA	70392-2810

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

INFORMATION REQUESTED PER BEST EFF

Occupation

INFORMATION REQUESTED PER BEST EFF

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

**06 / 07 / 2016**

**Transaction ID : SA17.333572**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1350.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 685 OF 2173

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**Full Name (Last, First, Middle Initial)  
**A. SHARON THOMPSON**

Mailing Address 56713 PLUMCREEK LANE

City  
NEW LONDONState  
MOZip Code  
63459-FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			2	8			2	0	1	6		

Transaction ID : SA17.348546

Amount of Each Receipt this Period

250.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)  
**B. FREDERICK TIFER**

Mailing Address 2159 WILLOW CIRCLE

City  
UTICAState  
MIZip Code  
48316-FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			1	8			2	0	1	6		

Transaction ID : SA17.348449

Amount of Each Receipt this Period

250.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)  
**C. DANIEL TIMMONS**

Mailing Address 17199 N. LAUREL PARK DR.

City  
LIVONIAState  
MIZip Code  
48152-FEC ID number of contributing  
federal political committee.

C

Name of Employer

TIMMONS ASSOCIATES, INC.

Occupation

BUSINESS OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			2	4			2	0	1	6		

Transaction ID : SA17.343689

Amount of Each Receipt this Period

25.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

525.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 686 OF 2173

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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)  
**GREAT AMERICA PAC**Full Name (Last, First, Middle Initial)  
**A. DANIEL TIMMONS**

Mailing Address 17199 N. LAUREL PARK DR.

City	State	Zip Code
LIVONIA	MI	48152-

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
TIMMONS ASSOCIATES, INC.Occupation  
BUSINESS OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	09	/	2016

Transaction ID : SA17.347045

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)  
**B. HARRY TOLLIVER**

Mailing Address 9209 S. DARLINGTON AVE.

City	State	Zip Code
TULSA	OK	74137-

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELFOccupation  
REAL ESTATE INVESTMENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	08	/	2016

Transaction ID : SA17.348400

Amount of Each Receipt this Period

250.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)  
**C. PAUL TOPPINO**

Mailing Address 1500 CATHERINE ST

City	State	Zip Code
KEY WEST	FL	33040-3530

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CT&SOccupation  
CONTRACTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	21	/	2016

Transaction ID : SA17.345824

Amount of Each Receipt this Period

50.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

400.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 687 OF 2173  
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17
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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)  
**GREAT AMERICA PAC**

<b>A. PAUL TOPPINO</b> Full Name (Last, First, Middle Initial) Mailing Address 1500 CATHERINE ST City KEY WEST State FL Zip Code 33040-3530 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer CT&S Occupation CONTRACTOR Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 450.00			Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 13 / 2016 <b>Transaction ID : SA17.349692</b> Amount of Each Receipt this Period 5.00 <input type="checkbox"/> Memo Item CONTRIBUTION NON CONTRIBUTION ACCOUNT; EARMARKED CONTRIBUTION FOR DONALD J TRUMP FOR PRESIDENT, INC. COMMITTEE ID
<b>B. PAUL TOPPINO</b> Full Name (Last, First, Middle Initial) Mailing Address 1500 CATHERINE ST City KEY WEST State FL Zip Code 33040-3530 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer CT&S Occupation CONTRACTOR Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 450.00			Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 13 / 2016 <b>Transaction ID : SA17.354123</b> Amount of Each Receipt this Period 95.00 <input type="checkbox"/> Memo Item CONTRIBUTION NON CONTRIBUTION ACCOUNT
<b>C. NIKI TRAN</b> Full Name (Last, First, Middle Initial) Mailing Address 2108 E. HELENA DR. City PHOENIX State AZ Zip Code 85022-2239 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer RETIRED Occupation RETIRED Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 350.00			Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 01 / 2016 <b>Transaction ID : SA17.344907</b> Amount of Each Receipt this Period 50.00 <input type="checkbox"/> Memo Item CONTRIBUTION NON CONTRIBUTION ACCOUNT
<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶			150.00
<b>TOTAL</b> This Period (last page this line number only)..... ▶			

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. NIKI TRAN**

Mailing Address 2108 E. HELENA DR.

City State Zip Code  
 PHOENIX AZ 85022-2239

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

06 / 15 / 2016

Transaction ID : SA17.345449

Amount of Each Receipt this Period

50.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**B. ALVIN TRIVELPIECE**

Mailing Address 14 WADE HAMPTON TRAIL

City State Zip Code  
 HENDERSON NV 89052-6635

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF

Occupation

PHYSICIST CONSULTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 08 / 2016

Transaction ID : SA17.345103

Amount of Each Receipt this Period

50.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**C. ALVIN TRIVELPIECE**

Mailing Address 14 WADE HAMPTON TRAIL

City State Zip Code  
 HENDERSON NV 89052-6635

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF

Occupation

PHYSICIST CONSULTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 10 / 2016

Transaction ID : SA17.347136

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

200.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

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☐ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial) <b>A. PHYLLIS TROIA, M.D.</b>			Date of Receipt <div> <div>M M / D D / Y Y Y Y Y Y</div> <div>06 / 10 / 2016</div> </div>	
Mailing Address <b>627 LONG POND RD</b>			<b>Transaction ID : SA17.345257</b>	
City <b>PLYMOUTH</b>	State <b>MA</b>	Zip Code <b>02360-2619</b>	Amount of Each Receipt this Period <div> <div>50.00</div> </div>	
FEC ID number of contributing federal political committee. <div>C</div>			<input type="checkbox"/> Memo Item	
Name of Employer <b>BCBSMA</b>		Occupation <b>PHYSICIAN</b>	<b>CONTRIBUTION</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <div>250.00</div>		
			<b>NON CONTRIBUTION ACCOUNT</b>	

Full Name (Last, First, Middle Initial) <b>B. PHYLLIS TROIA, M.D.</b>			Date of Receipt <div> <div>M M / D D / Y Y Y Y Y Y</div> <div>06 / 22 / 2016</div> </div>	
Mailing Address <b>627 LONG POND RD</b>			<b>Transaction ID : SA17.347679</b>	
City <b>PLYMOUTH</b>	State <b>MA</b>	Zip Code <b>02360-2619</b>	Amount of Each Receipt this Period <div> <div>100.00</div> </div>	
FEC ID number of contributing federal political committee. <div>C</div>			<input type="checkbox"/> Memo Item	
Name of Employer <b>BCBSMA</b>		Occupation <b>PHYSICIAN</b>	<b>CONTRIBUTION</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <div>250.00</div>		
			<b>NON CONTRIBUTION ACCOUNT</b>	

Full Name (Last, First, Middle Initial) <b>C. EDGAR TUCKER</b>			Date of Receipt <div> <div>M M / D D / Y Y Y Y Y Y</div> <div>06 / 05 / 2016</div> </div>	
Mailing Address <b>950 ADAMS STREET</b> <b>NONE</b>			<b>Transaction ID : SA17.345023</b>	
City <b>LINCOLN</b>	State <b>NE</b>	Zip Code <b>68521-</b>	Amount of Each Receipt this Period <div> <div>50.00</div> </div>	
FEC ID number of contributing federal political committee. <div>C</div>			<input type="checkbox"/> Memo Item	
Name of Employer <b>RETIRED/SELF</b>		Occupation <b>RETIRED</b>	<b>CONTRIBUTION</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <div>300.00</div>		
			<b>NON CONTRIBUTION ACCOUNT</b>	

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

200.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

## **A. EDGAR TUCKER**

Mailing Address 950 ADAMS STREET  
NONE

City State Zip Code  
LINCOLN NE 68521-

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED/SELF

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 21 / 2016

Transaction ID : SA17.348468

Amount of Each Receipt this Period

250.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

## **B. JOHN TURNER**

Mailing Address 4500 LORRAINE AVE

City State Zip Code  
DALLAS TX 75205-3613

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 02 / 2016

Transaction ID : SA17.348807

Amount of Each Receipt this Period

5.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT; EARMARKED  
CONTRIBUTION FOR DONALD J TRUMP FOR  
PRESIDENT, INC. COMMITTEE ID

Full Name (Last, First, Middle Initial)

## **C. JOHN TURNER**

Mailing Address 4500 LORRAINE AVE

City State Zip Code  
DALLAS TX 75205-3613

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 02 / 2016

Transaction ID : SA17.354021

Amount of Each Receipt this Period

95.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

350.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial) <b>A. PAMELA TURNER</b>			Date of Receipt <div> <div>MM / DD / YYYY</div> <div>06 / 23 / 2016</div> </div>
Mailing Address <b>4 FAYERWEATHER STREET</b>			<b>Transaction ID : SA17.348501</b>
City <b>CAMBRIDGE</b>	State <b>MA</b>	Zip Code <b>02138-</b>	Amount of Each Receipt this Period <div> <div>Amount</div> <div>250.00</div> </div>
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Memo Item <b>CONTRIBUTION</b>	
Name of Employer <b>RETIRED</b>		Occupation <b>RETIRED</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <div> <div>Amount</div> <div>250.00</div> </div>	
			<b>NON CONTRIBUTION ACCOUNT</b>

Full Name (Last, First, Middle Initial) <b>B. GRANT TWISS</b>			Date of Receipt <div> <div>MM / DD / YYYY</div> <div>06 / 21 / 2016</div> </div>
Mailing Address <b>1156 W 26TH ST</b>			<b>Transaction ID : SA17.347583</b>
City <b>ERIE</b>	State <b>PA</b>	Zip Code <b>16508-1518</b>	Amount of Each Receipt this Period <div> <div>Amount</div> <div>100.00</div> </div>
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Memo Item <b>CONTRIBUTION</b>	
Name of Employer <b>SELF EMPLOYED</b>		Occupation <b>TAX ACCOUNTANT</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <div> <div>Amount</div> <div>350.00</div> </div>	
			<b>NON CONTRIBUTION ACCOUNT</b>

Full Name (Last, First, Middle Initial) <b>C. LUCIA UIHLEIN</b>			Date of Receipt <div> <div>MM / DD / YYYY</div> <div>06 / 17 / 2016</div> </div>
Mailing Address <b>715 LANDS END DRIVE</b>			<b>Transaction ID : SA17.347347</b>
City <b>LONGBOAT KEY</b>	State <b>FL</b>	Zip Code <b>34228-1055</b>	Amount of Each Receipt this Period <div> <div>Amount</div> <div>100.00</div> </div>
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Memo Item <b>CONTRIBUTION</b>	
Name of Employer <b>SELF</b>		Occupation <b>HOMEMAKER</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <div> <div>Amount</div> <div>300.00</div> </div>	
			<b>NON CONTRIBUTION ACCOUNT</b>

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

450.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. LUCIA UIHLEIN**

Mailing Address 715 LANDS END DRIVE

City	State	Zip Code
LONGBOAT KEY	FL	34228-1055

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	21	/	2016

Transaction ID : SA17.347557

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**B. LORRAINE ANN ULLRICH**Mailing Address 2420 HUNTER AVE  
6C

City	State	Zip Code
BRONX	NY	10475-

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	22	/	2016

Transaction ID : SA17.348637

Amount of Each Receipt this Period

500.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**C. AUDREY UNRUH**

Mailing Address 555 S. 16 ST.

City	State	Zip Code
SAN JOSE	CA	95112-2370

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2016

Transaction ID : SA17.348676

Amount of Each Receipt this Period

500.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1100.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
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 (check only one)

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<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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 NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. AUDREY UNRUH**

Mailing Address 555 S. 16 ST.

 City  
 SAN JOSE

 State  
 CA

 Zip Code  
 95112-2370

 FEC ID number of contributing  
 federal political committee.

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		02		2016

Transaction ID : SA17.348796

Amount of Each Receipt this Period

☐ Memo Item

CONTRIBUTION

 NON CONTRIBUTION ACCOUNT; EARMARKED  
 CONTRIBUTION FOR DONALD J TRUMP FOR  
 PRESIDENT, INC. COMMITTEE ID

Full Name (Last, First, Middle Initial)

**B. AUDREY UNRUH**

Mailing Address 555 S. 16 ST.

 City  
 SAN JOSE

 State  
 CA

 Zip Code  
 95112-2370

 FEC ID number of contributing  
 federal political committee.

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		02		2016

Transaction ID : SA17.354020

Amount of Each Receipt this Period

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**C. SUSAN VALDISERRI**

Mailing Address 5287 S. NINE MILE

 City  
 AUBURN

 State  
 MI

 Zip Code  
 48611-

 FEC ID number of contributing  
 federal political committee.

Name of Employer

DIESEL TRUCK SALES, INC.

Occupation

VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		23		2016

Transaction ID : SA17.348505

Amount of Each Receipt this Period

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

## **A. PHIL VASS**

Mailing Address 3190 PERKINS AVE

City State Zip Code  
 VENTURA CA 93003-7204

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 LAND ROVER JAGUAR VENTURA

Occupation  
 AUTO DEALER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 17 / 2016

Transaction ID : SA17.348710

Amount of Each Receipt this Period

1000.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

## **B. ROBERT VERRATTI**

Mailing Address 800 SPRINGBANK LANE

City State Zip Code  
 WAYNE PA 19087-

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 FINITE CARBON INC

Occupation  
 EXECUTIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 21 / 2016

Transaction ID : SA17.348631

Amount of Each Receipt this Period

500.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

## **C. WILLIAM VETOS**

Mailing Address P.O. BOX 17888

City State Zip Code  
 DENVER CO 80217-

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 RETIRED

Occupation  
 RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2700.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 23 / 2016

Transaction ID : SA17.348769

Amount of Each Receipt this Period

2700.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

4200.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**Full Name (Last, First, Middle Initial)  
**A. JOHN P VEZMAR**

Mailing Address 1248 LARCH STREET

City	State	Zip Code
LAKE OSWEGO	OR	97034-

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	27	/	2016

Transaction ID : SA17.348528

Amount of Each Receipt this Period

250.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)  
**B. STANLEY VIGLIONE**

Mailing Address 1387 WAKESHIRE TERRACE

City	State	Zip Code
BALLWIN	MO	63011-2958

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	20	/	2016

Transaction ID : SA17.348458

Amount of Each Receipt this Period

250.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)  
**C. STANLEY VIGLIONE**

Mailing Address 1387 WAKESHIRE TERRACE

City	State	Zip Code
BALLWIN	MO	63011-2958

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	28	/	2016

Transaction ID : SA17.348666

Amount of Each Receipt this Period

500.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1000.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input checked="" type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial) <b>A. MR. RICHARD A. VOELL</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 02 / 2016 <b>Transaction ID : SA17.348687</b>
Mailing Address 13611 DEERING BAY DRIVE SIENA 1101 SIENA 1101		Amount of Each Receipt this Period 1000.00 <input type="checkbox"/> Memo Item CONTRIBUTION
City CORAL GABLES	State Zip Code FL 33158-	
FEC ID number of contributing federal political committee. C		NON CONTRIBUTION ACCOUNT
Name of Employer RETIRED	Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 7000.00	

Full Name (Last, First, Middle Initial) <b>B. MR. RICHARD A. VOELL</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 30 / 2016 <b>Transaction ID : SA17.348758</b>
Mailing Address 13611 DEERING BAY DRIVE SIENA 1101 SIENA 1101		Amount of Each Receipt this Period 1000.00 <input type="checkbox"/> Memo Item CONTRIBUTION
City CORAL GABLES	State Zip Code FL 33158-	
FEC ID number of contributing federal political committee. C		NON CONTRIBUTION ACCOUNT
Name of Employer RETIRED	Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 7000.00	

Full Name (Last, First, Middle Initial) <b>C. MR. RICHARD A. VOELL</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 01 / 2016 <b>Transaction ID : SA17.348771</b>
Mailing Address 13611 DEERING BAY DRIVE SIENA 1101 SIENA 1101		Amount of Each Receipt this Period 5000.00 <input type="checkbox"/> Memo Item CONTRIBUTION
City CORAL GABLES	State Zip Code FL 33158-	
FEC ID number of contributing federal political committee. C		NON CONTRIBUTION ACCOUNT
Name of Employer RETIRED	Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 7000.00	

**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

## **A. JAMES VOLKER**

Mailing Address 7 CIMARRON DR.

City State Zip Code  
GREENWOOD VLG CO 80121-

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WHITING PETROLEUM CORP

Occupation  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

06 / 20 / 2016

Transaction ID : SA17.348627

Amount of Each Receipt this Period

500.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

## **B. SAMUEL VOTTA**

Mailing Address 98 SHALE STREET

City State Zip Code  
STATEN ISLAND NY 10314-

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
EASTERN SECURITY CORP

Occupation  
RETIRED POLICE OFFICER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 29 / 2016

Transaction ID : SA17.351552

Amount of Each Receipt this Period

5.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT; EARMARKED  
CONTRIBUTION FOR DONALD J TRUMP FOR  
PRESIDENT, INC. COMMITTEE ID

Full Name (Last, First, Middle Initial)

## **C. SAMUEL VOTTA**

Mailing Address 98 SHALE STREET

City State Zip Code  
STATEN ISLAND NY 10314-

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
EASTERN SECURITY CORP

Occupation  
RETIRED POLICE OFFICER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 29 / 2016

Transaction ID : SA17.354418

Amount of Each Receipt this Period

245.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

750.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial) <b>A. WALTER WALDIE</b>			Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 22 / 2016 <b>Transaction ID : SA17.347749</b>	
Mailing Address 4105 STANHOPE ST. City DALLAS State TX Zip Code 75205-1658			Amount of Each Receipt this Period 100.00 <input type="checkbox"/> Memo Item CONTRIBUTION	
FEC ID number of contributing federal political committee. C			NON CONTRIBUTION ACCOUNT	
Name of Employer RETIRED		Occupation RETIRED		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 400.00		
Full Name (Last, First, Middle Initial) <b>B. WALTER WALDIE</b>			Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 02 / 2016 <b>Transaction ID : SA17.348834</b>	
Mailing Address 4105 STANHOPE ST. City DALLAS State TX Zip Code 75205-1658			Amount of Each Receipt this Period 5.00 <input type="checkbox"/> Memo Item CONTRIBUTION	
FEC ID number of contributing federal political committee. C			NON CONTRIBUTION ACCOUNT; EARMARKED CONTRIBUTION FOR DONALD J TRUMP FOR PRESIDENT, INC. COMMITTEE ID	
Name of Employer RETIRED		Occupation RETIRED		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 400.00		
Full Name (Last, First, Middle Initial) <b>C. WALTER WALDIE</b>			Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 22 / 2016 <b>Transaction ID : SA17.350549</b>	
Mailing Address 4105 STANHOPE ST. City DALLAS State TX Zip Code 75205-1658			Amount of Each Receipt this Period 5.00 <input type="checkbox"/> Memo Item CONTRIBUTION	
FEC ID number of contributing federal political committee. C			NON CONTRIBUTION ACCOUNT; EARMARKED CONTRIBUTION FOR DONALD J TRUMP FOR PRESIDENT, INC. COMMITTEE ID	
Name of Employer RETIRED		Occupation RETIRED		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 400.00		
<b>SUBTOTAL</b> of Receipts This Page (optional).....			110.00	
<b>TOTAL</b> This Period (last page this line number only).....				

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. WALTER WALDIE**

Mailing Address 4105 STANHOPE ST.

City State Zip Code  
DALLAS TX 75205-1658

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 02 / 2016

**Transaction ID : SA17.354023**

Amount of Each Receipt this Period

95.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**B. WALTER WALDIE**

Mailing Address 4105 STANHOPE ST.

City State Zip Code  
DALLAS TX 75205-1658

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 22 / 2016

**Transaction ID : SA17.354240**

Amount of Each Receipt this Period

95.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**C. JACQUELINE WALSH**

Mailing Address 96 DOUBLING ROAD

City State Zip Code  
GREENWICH CT 06830-

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MYSELF

Occupation

HOUSEWIFE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 24 / 2016

**Transaction ID : SA17.348512**

Amount of Each Receipt this Period

250.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

440.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

<p>Full Name (Last, First, Middle Initial) <b>A. JEREMY WALTON</b></p> <p>Mailing Address 2360 ALLEN RD. SE</p> <p>City OLYMPIA State WA Zip Code 98501-</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer RETIRED Occupation RETIRED</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼         </p> <p>Aggregate Year-to-Date ▼ 250.00</p>			<p>Date of Receipt  <b>06 / 22 / 2016</b>  <b>Transaction ID : SA17.350873</b> </p> <p>Amount of Each Receipt this Period 5.00</p> <p><input type="checkbox"/> Memo Item CONTRIBUTION</p> <p>NON CONTRIBUTION ACCOUNT; EARMARKED CONTRIBUTION FOR DONALD J TRUMP FOR PRESIDENT, INC. COMMITTEE ID</p>		
<p>Full Name (Last, First, Middle Initial) <b>B. JEREMY WALTON</b></p> <p>Mailing Address 2360 ALLEN RD. SE</p> <p>City OLYMPIA State WA Zip Code 98501-</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer RETIRED Occupation RETIRED</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼         </p> <p>Aggregate Year-to-Date ▼ 250.00</p>			<p>Date of Receipt  <b>06 / 22 / 2016</b>  <b>Transaction ID : SA17.354401</b> </p> <p>Amount of Each Receipt this Period 245.00</p> <p><input type="checkbox"/> Memo Item CONTRIBUTION</p> <p>NON CONTRIBUTION ACCOUNT</p>		
<p>Full Name (Last, First, Middle Initial) <b>C. PETER WALTON</b></p> <p>Mailing Address 19402 N PONDEROSA CT</p> <p>City SURPRISE State AZ Zip Code 85387-</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer RETIRED Occupation RETIRED</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼         </p> <p>Aggregate Year-to-Date ▼ 500.00</p>			<p>Date of Receipt  <b>06 / 08 / 2016</b>  <b>Transaction ID : SA17.348601</b> </p> <p>Amount of Each Receipt this Period 500.00</p> <p><input type="checkbox"/> Memo Item CONTRIBUTION</p> <p>NON CONTRIBUTION ACCOUNT</p>		
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>			750.00		
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>					

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
(check only one)

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☐ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

## **A. ELAINE WARD**

Mailing Address **945 S. ORANGE GROVE**  
**D**

City State Zip Code  
**PASADENA CA 91105-**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**RETIRED**

Occupation

**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**350.00**

Date of Receipt

**06 / 05 / 2016**

**Transaction ID : SA17.349343**

Amount of Each Receipt this Period

**5.00**

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT; EARMARKED  
CONTRIBUTION FOR DONALD J TRUMP FOR  
PRESIDENT, INC. COMMITTEE ID

Full Name (Last, First, Middle Initial)

## **B. ELAINE WARD**

Mailing Address **945 S. ORANGE GROVE**  
**D**

City State Zip Code  
**PASADENA CA 91105-**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**RETIRED**

Occupation

**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**350.00**

Date of Receipt

**06 / 05 / 2016**

**Transaction ID : SA17.354086**

Amount of Each Receipt this Period

**95.00**

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

## **C. MARY WARREN**

Mailing Address **11723 CARDENA COURT**

City State Zip Code  
**WEST PALM BEACH FL 33418-**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**RETIRED**

Occupation

**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**250.00**

Date of Receipt

**06 / 28 / 2016**

**Transaction ID : SA17.348152**

Amount of Each Receipt this Period

**100.00**

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

**200.00**

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. ANN WATKINS**

Mailing Address 137 BOULEVARD

City

NEW MILFORD

State

NJ

Zip Code

07646-1701

FEC ID number of contributing  
federal political committee.

C

Name of Employer

BERGEN COMMUNITY COLLEGE

Occupation

PROFESSOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

305.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	07	/	2016

Transaction ID : SA17.340921

Amount of Each Receipt this Period

25.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**B. HUBERT WATSON**

Mailing Address 1157 SWEET HEATHER LANE

City

APOPKA

State

FL

Zip Code

32712-

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ASSEMBLY FASTENERS, INC.

Occupation

CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	13	/	2016

Transaction ID : SA17.348609

Amount of Each Receipt this Period

500.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**C. WILBERT T. WATSON**

Mailing Address P.O. BOX 480400

City

CHARLOTTE

State

NC

Zip Code

28269-

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

DISABLED VIET NAM VET

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	01	/	2016

Transaction ID : SA17.348365

Amount of Each Receipt this Period

250.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

775.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**Full Name (Last, First, Middle Initial)  
**A. BENNETT WEBER**

Mailing Address 18 RIONDA COURT

City	State	Zip Code
ALPINE	NJ	07620-

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DAVID WEBER OIL COOccupation  
DAVID WEBER OIL CO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		03		2016

Transaction ID : SA17.348379

Amount of Each Receipt this Period

250.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)  
**B. MR. EDWARD V. WEBER**

Mailing Address P O BOX 1165

City	State	Zip Code
PORT EWEN	NY	12466-1165

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		23		2016

Transaction ID : SA17.343469

Amount of Each Receipt this Period

25.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)  
**C. MR. EDWARD V. WEBER**

Mailing Address P O BOX 1165

City	State	Zip Code
PORT EWEN	NY	12466-1165

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2016

Transaction ID : SA17.346679

Amount of Each Receipt this Period

50.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

325.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial) <b>A. JOSEPH WEBER</b>			Date of Receipt M M / D D / Y Y Y Y Y 06 / 21 / 2016 <b>Transaction ID : SA17.347490</b>	
Mailing Address 315W.JENNINGS ST.			Amount of Each Receipt this Period 100.00	
City NEW LONDON	State WI	Zip Code 54961-	<input type="checkbox"/> Memo Item CONTRIBUTION	
FEC ID number of contributing federal political committee. C		NON CONTRIBUTION ACCOUNT		
Name of Employer RETIRED	Occupation RETIRED	Aggregate Year-to-Date ▼ 400.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				

Full Name (Last, First, Middle Initial) <b>B. MICHAEL WEBER</b>			Date of Receipt M M / D D / Y Y Y Y Y 06 / 29 / 2016 <b>Transaction ID : SA17.348554</b>	
Mailing Address 6291 STONEBRIDGE DR.			Amount of Each Receipt this Period 250.00	
City FAIRVIEW	State PA	Zip Code 16415-2935	<input type="checkbox"/> Memo Item CONTRIBUTION	
FEC ID number of contributing federal political committee. C		NON CONTRIBUTION ACCOUNT		
Name of Employer SMITH PROVISION CO.	Occupation SENIOR MANAGEMENT	Aggregate Year-to-Date ▼ 350.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				

Full Name (Last, First, Middle Initial) <b>C. RONALD WENGER</b>			Date of Receipt M M / D D / Y Y Y Y Y 06 / 26 / 2016 <b>Transaction ID : SA17.348524</b>	
Mailing Address 726 FARWELL DR.			Amount of Each Receipt this Period 250.00	
City MADISON	State WI	Zip Code 53704-	<input type="checkbox"/> Memo Item CONTRIBUTION	
FEC ID number of contributing federal political committee. C		NON CONTRIBUTION ACCOUNT		
Name of Employer DEAN CLINIC	Occupation PHYSICIAN	Aggregate Year-to-Date ▼ 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

600.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 705 OF 2173

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial) <b>A. RICHARD WENNER</b>			Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 22 / 2016 <b>Transaction ID : SA17.348728</b>
Mailing Address 69 SOUTH OCEAN AVENUE			Amount of Each Receipt this Period 1000.00 <input type="checkbox"/> Memo Item CONTRIBUTION  NON CONTRIBUTION ACCOUNT
City BAYPORT	State NY	Zip Code 11705-	
FEC ID number of contributing federal political committee. C			
Name of Employer RETIRED	Occupation RETIRED		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>B. JULIANNE WERNER</b>			Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 03 / 2016 <b>Transaction ID : SA17.340712</b>
Mailing Address 1417 DUMONT DR.			Amount of Each Receipt this Period 25.00 <input type="checkbox"/> Memo Item CONTRIBUTION  NON CONTRIBUTION ACCOUNT
City RICHARDSON	State TX	Zip Code 75080-5718	
FEC ID number of contributing federal political committee. C			
Name of Employer RETIRED	Occupation RETIRED		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>C. JULIANNE WERNER</b>			Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 04 / 2016 <b>Transaction ID : SA17.340749</b>
Mailing Address 1417 DUMONT DR.			Amount of Each Receipt this Period 25.00 <input type="checkbox"/> Memo Item CONTRIBUTION  NON CONTRIBUTION ACCOUNT
City RICHARDSON	State TX	Zip Code 75080-5718	
FEC ID number of contributing federal political committee. C			
Name of Employer RETIRED	Occupation RETIRED		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00	

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1050.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

FOR LINE NUMBER: PAGE 706 OF 2173

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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 NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. JULIANNE WERNER**

Mailing Address 1417 DUMONT DR.

City

RICHARDSON

State

TX

Zip Code

75080-5718

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	07	/	2016

Transaction ID : SA17.341036

Amount of Each Receipt this Period

25.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**B. JULIANNE WERNER**

Mailing Address 1417 DUMONT DR.

City

RICHARDSON

State

TX

Zip Code

75080-5718

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	11	/	2016

Transaction ID : SA17.341641

Amount of Each Receipt this Period

25.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**C. JULIANNE WERNER**

Mailing Address 1417 DUMONT DR.

City

RICHARDSON

State

TX

Zip Code

75080-5718

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	20	/	2016

Transaction ID : SA17.342791

Amount of Each Receipt this Period

25.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

75.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. JULIANNE WERNER**

Mailing Address 1417 DUMONT DR.

City

RICHARDSON

State

TX

Zip Code

75080-5718

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	1	6

Transaction ID : SA17.344506

Amount of Each Receipt this Period

25.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**B. JULIANNE WERNER**

Mailing Address 1417 DUMONT DR.

City

RICHARDSON

State

TX

Zip Code

75080-5718

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	1		2	0	1	6

Transaction ID : SA17.349522

Amount of Each Receipt this Period

5.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT; EARMARKED  
CONTRIBUTION FOR DONALD J TRUMP FOR  
PRESIDENT, INC. COMMITTEE ID

Full Name (Last, First, Middle Initial)

**C. JULIANNE WERNER**

Mailing Address 1417 DUMONT DR.

City

RICHARDSON

State

TX

Zip Code

75080-5718

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	1		2	0	1	6

Transaction ID : SA17.349523

Amount of Each Receipt this Period

5.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT; EARMARKED  
CONTRIBUTION FOR DONALD J TRUMP FOR  
PRESIDENT, INC. COMMITTEE ID

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

35.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 708 OF 2173

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. JULIANNE WERNER**

Mailing Address 1417 DUMONT DR.

City

RICHARDSON

State

TX

Zip Code

75080-5718

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		11		2016

Transaction ID : SA17.352482

Amount of Each Receipt this Period

20.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**B. JULIANNE WERNER**

Mailing Address 1417 DUMONT DR.

City

RICHARDSON

State

TX

Zip Code

75080-5718

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		11		2016

Transaction ID : SA17.352483

Amount of Each Receipt this Period

20.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**C. DR. MICHAEL A. WHINERY**

Mailing Address P.O. BOX 2745

City

CLAREMORE

State

OK

Zip Code

74018-

FEC ID number of contributing  
federal political committee.

C

Name of Employer

VETERANS CENTER CLAREMORE ODVA

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		02		2016

Transaction ID : SA17.348369

Amount of Each Receipt this Period

250.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

290.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 709 OF 2173

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17
------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	--

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)  
**A. HOSIE WHITENER**

Mailing Address 11764 NORTH FARM RD. 177

City	State	Zip Code
FAIR GROVE	MO	65648-

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer	Occupation
TRAILINER CORP	TRUCKING COMPANY CEO

Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5400.00

Date of Receipt

**06 / 13 / 2016**

**Transaction ID : SA17.348774**

Amount of Each Receipt this Period

5400.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)  
**B. ANALIA WILKERSON**

Mailing Address 1967 PEDEN

City	State	Zip Code
HOUSTON	TX	77019-5341

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer	Occupation
HARRIS COUNTY	LAWYER

Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

**06 / 28 / 2016**

**Transaction ID : SA17.348550**

Amount of Each Receipt this Period

250.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)  
**C. CRAIG WILLIAMS**

Mailing Address 5577 CEDAR CREEK

City	State	Zip Code
HOUSTON	TX	77056-

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer	Occupation
SELF	REAL ESTATE DEVELOPER

Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

**06 / 22 / 2016**

**Transaction ID : SA17.348496**

Amount of Each Receipt this Period

250.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

5900.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**Full Name (Last, First, Middle Initial)  
**A. HERSCHEL WILLIAMS**  
Mailing Address **9453 JAMAICA BEACH**City State Zip Code  
**GALVESTON TX 77554-8602**FEC ID number of contributing  
federal political committee.**C**Name of Employer  
**SELF-INTEGRAL SALES, LLC**Occupation  
**SALES/OWNER**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
06	/	22	/	2016

**Transaction ID : SA17.347770**

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)  
**B. J TERRELL WILLIAMS**  
Mailing Address **4800 HWY 90 E**City State Zip Code  
**LAKE CHARLES LA 70615-**FEC ID number of contributing  
federal political committee.**C**Name of Employer  
**SELF EMPLOYED**Occupation  
**BUSINESS**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
06	/	30	/	2016

**Transaction ID : SA17.348577**

Amount of Each Receipt this Period

250.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)  
**C. JACK WILLIAMS**  
Mailing Address **THE**City State Zip Code  
**SAN DIEGO CA 92109-**FEC ID number of contributing  
federal political committee.**C**Name of Employer  
**RETIRED**Occupation  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
06	/	11	/	2016

**Transaction ID : SA17.349445**

Amount of Each Receipt this Period

5.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT; EARMARKED  
CONTRIBUTION FOR DONALD J TRUMP FOR  
PRESIDENT, INC. COMMITTEE ID**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

355.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. JACK WILLIAMS**

Mailing Address **THE**

City State Zip Code  
**SAN DIEGO CA 92109-**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**RETIRED**

Occupation

**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**250.00**

Date of Receipt

**06 / 11 / 2016**

**Transaction ID : SA17.353645**

Amount of Each Receipt this Period

**45.00**

☐ Memo Item

**CONTRIBUTION**

**NON CONTRIBUTION ACCOUNT**

Full Name (Last, First, Middle Initial)

**B. LINDSEY WILLIAMS**

Mailing Address **53265 TROON TRAIL**

City State Zip Code  
**LA QUINTA CA 92253-**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**RETIRED**

Occupation

**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**2700.00**

Date of Receipt

**06 / 24 / 2016**

**Transaction ID : SA17.348770**

Amount of Each Receipt this Period

**2700.00**

☐ Memo Item

**CONTRIBUTION**

**NON CONTRIBUTION ACCOUNT**

Full Name (Last, First, Middle Initial)

**C. MARK WILLIAMS**

Mailing Address **8842 E. HWY. 175**

City State Zip Code  
**KEMP TX 75143-**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**LONESTAR PAINTING**

Occupation

**CONSTRUCTION**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**1000.00**

Date of Receipt

**06 / 30 / 2016**

**Transaction ID : SA17.348753**

Amount of Each Receipt this Period

**1000.00**

☐ Memo Item

**CONTRIBUTION**

**NON CONTRIBUTION ACCOUNT**

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

**3745.00**

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 712 OF 2173

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. NANCY WILLIAMSON**

Mailing Address 6121 CYPRESS HOLLOW WAY

City  
NAPLESState  
FLZip Code  
34109-5904FEC ID number of contributing  
federal political committee.

C

Name of Employer

COMMUNITY SCHOOL OF NAPLES

Occupation

TEACHER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	22	/	2016

Transaction ID : SA17.346001

Amount of Each Receipt this Period

50.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**B. NANCY WILLIAMSON**

Mailing Address 6121 CYPRESS HOLLOW WAY

City  
NAPLESState  
FLZip Code  
34109-5904FEC ID number of contributing  
federal political committee.

C

Name of Employer

COMMUNITY SCHOOL OF NAPLES

Occupation

TEACHER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	22	/	2016

Transaction ID : SA17.348487

Amount of Each Receipt this Period

250.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**C. SANDRA D WILLIAMS**

Mailing Address 6162 US HIGHWAY 64 EAST

City  
PITTSBOROState  
NCZip Code  
27312-6617FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	17	/	2016

Transaction ID : SA17.348345

Amount of Each Receipt this Period

200.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

500.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 713 OF 2173

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial) <b>A. BILL WILSON</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 22 / 2016 <b>Transaction ID : SA17.348642</b>
Mailing Address P.O. BOX 185		Amount of Each Receipt this Period 500.00
City VANDERPOOL	State TX	Zip Code 78885-
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item CONTRIBUTION
Name of Employer RETIRED	Occupation RETIRED	NON CONTRIBUTION ACCOUNT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B. DAVID WILSON</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 02 / 2016 <b>Transaction ID : SA17.355311</b>
Mailing Address 8036 MOORSBRIDGE ROAD		Amount of Each Receipt this Period 100.00
City PORTAGE	State MI	Zip Code 49024-
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item CONTRIBUTION
Name of Employer J M WILSON CORP	Occupation INSURANCE	NON CONTRIBUTION ACCOUNT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>C. JOHN WILSON</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 05 / 2016 <b>Transaction ID : SA17.340767</b>
Mailing Address 1066 LAKEWOOD S DRIVE		Amount of Each Receipt this Period 25.00
City BROWNSBURG	State IN	Zip Code 46112-1744
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item CONTRIBUTION
Name of Employer RETIRED	Occupation RETIRED	NON CONTRIBUTION ACCOUNT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 475.00	

**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

625.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 714 OF 2173

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial) <b>A. JOHN WILSON</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 12 / 2016 <b>Transaction ID : SA17.348418</b>	
Mailing Address 1066 LAKEWOOD S DRIVE		Amount of Each Receipt this Period 250.00	
City BROWNSBURG	State IN	Zip Code 46112-1744	<input type="checkbox"/> Memo Item CONTRIBUTION  NON CONTRIBUTION ACCOUNT
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 475.00	
Name of Employer RETIRED	Occupation RETIRED		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
Full Name (Last, First, Middle Initial) <b>B. RYAN WILSON</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 23 / 2016 <b>Transaction ID : SA17.334024</b>	
Mailing Address 1202 S. WASHINGTON ST. APT. #302		Amount of Each Receipt this Period 3.00	
City ALEXANDRIA	State VA	Zip Code 22314-4443	<input type="checkbox"/> Memo Item CONTRIBUTION  NON CONTRIBUTION ACCOUNT
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 328.00	
Name of Employer RETIRED	Occupation RETIRED		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
Full Name (Last, First, Middle Initial) <b>C. RYAN WILSON</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 23 / 2016 <b>Transaction ID : SA17.334025</b>	
Mailing Address 1202 S. WASHINGTON ST. APT. #302		Amount of Each Receipt this Period 3.00	
City ALEXANDRIA	State VA	Zip Code 22314-4443	<input type="checkbox"/> Memo Item CONTRIBUTION  NON CONTRIBUTION ACCOUNT
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 328.00	
Name of Employer RETIRED	Occupation RETIRED		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶		256.00	
<b>TOTAL</b> This Period (last page this line number only)..... ▶			

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 715 OF 2173

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. RYAN WILSON**Mailing Address 1202 S. WASHINGTON ST.  
APT. #302

City	State	Zip Code
ALEXANDRIA	VA	22314-4443

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

328.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	01	/	2016

Transaction ID : SA17.338959

Amount of Each Receipt this Period

1.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**B. RYAN WILSON**Mailing Address 1202 S. WASHINGTON ST.  
APT. #302

City	State	Zip Code
ALEXANDRIA	VA	22314-4443

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

328.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	01	/	2016

Transaction ID : SA17.338960

Amount of Each Receipt this Period

1.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**C. RYAN WILSON**Mailing Address 1202 S. WASHINGTON ST.  
APT. #302

City	State	Zip Code
ALEXANDRIA	VA	22314-4443

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

328.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	01	/	2016

Transaction ID : SA17.338961

Amount of Each Receipt this Period

1.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

3.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 716 OF 2173

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. RYAN WILSON**

Mailing Address 1202 S. WASHINGTON ST.  
 APT. #302

City	State	Zip Code
ALEXANDRIA	VA	22314-4443

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

328.00

Date of Receipt

**06** / **01** / **2016**

**Transaction ID : SA17.338962**

Amount of Each Receipt this Period

1.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**B. RYAN WILSON**

Mailing Address 1202 S. WASHINGTON ST.  
 APT. #302

City	State	Zip Code
ALEXANDRIA	VA	22314-4443

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

328.00

Date of Receipt

**06** / **02** / **2016**

**Transaction ID : SA17.338963**

Amount of Each Receipt this Period

1.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**C. RYAN WILSON**

Mailing Address 1202 S. WASHINGTON ST.  
 APT. #302

City	State	Zip Code
ALEXANDRIA	VA	22314-4443

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

328.00

Date of Receipt

**06** / **02** / **2016**

**Transaction ID : SA17.338964**

Amount of Each Receipt this Period

1.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

3.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 717 OF 2173

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

<p>Full Name (Last, First, Middle Initial)  <b>A. RYAN WILSON</b></p> <p>Mailing Address 1202 S. WASHINGTON ST.  APT. #302</p> <p>City State Zip Code  ALEXANDRIA VA 22314-4443</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation  RETIRED RETIRED</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">328.00</span></p>			<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">06 / 02 / 2016</span></p> <p><b>Transaction ID : SA17.338965</b></p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">1.00</span></p> <p><input type="checkbox"/> Memo Item  CONTRIBUTION</p> <p>NON CONTRIBUTION ACCOUNT</p>	
<p>Full Name (Last, First, Middle Initial)  <b>B. RYAN WILSON</b></p> <p>Mailing Address 1202 S. WASHINGTON ST.  APT. #302</p> <p>City State Zip Code  ALEXANDRIA VA 22314-4443</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation  RETIRED RETIRED</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">328.00</span></p>			<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">06 / 02 / 2016</span></p> <p><b>Transaction ID : SA17.338966</b></p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">1.00</span></p> <p><input type="checkbox"/> Memo Item  CONTRIBUTION</p> <p>NON CONTRIBUTION ACCOUNT</p>	
<p>Full Name (Last, First, Middle Initial)  <b>C. RYAN WILSON</b></p> <p>Mailing Address 1202 S. WASHINGTON ST.  APT. #302</p> <p>City State Zip Code  ALEXANDRIA VA 22314-4443</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation  RETIRED RETIRED</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">328.00</span></p>			<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">06 / 02 / 2016</span></p> <p><b>Transaction ID : SA17.338967</b></p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">1.00</span></p> <p><input type="checkbox"/> Memo Item  CONTRIBUTION</p> <p>NON CONTRIBUTION ACCOUNT</p>	
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>			<span style="border: 1px solid black; padding: 2px;">3.00</span>	
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>			<span style="border: 1px solid black; padding: 2px;"></span>	

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 718 OF 2173

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. RYAN WILSON**

Mailing Address 1202 S. WASHINGTON ST.  
 APT. #302

City	State	Zip Code
ALEXANDRIA	VA	22314-4443

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

328.00

Date of Receipt

**06 / 03 / 2016**

**Transaction ID : SA17.338969**

Amount of Each Receipt this Period

1.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**B. RYAN WILSON**

Mailing Address 1202 S. WASHINGTON ST.  
 APT. #302

City	State	Zip Code
ALEXANDRIA	VA	22314-4443

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

328.00

Date of Receipt

**06 / 03 / 2016**

**Transaction ID : SA17.338970**

Amount of Each Receipt this Period

1.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**C. RYAN WILSON**

Mailing Address 1202 S. WASHINGTON ST.  
 APT. #302

City	State	Zip Code
ALEXANDRIA	VA	22314-4443

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

328.00

Date of Receipt

**06 / 03 / 2016**

**Transaction ID : SA17.338971**

Amount of Each Receipt this Period

1.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

3.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 719 OF 2173

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. RYAN WILSON**

Mailing Address 1202 S. WASHINGTON ST.  
 APT. #302

City	State	Zip Code
ALEXANDRIA	VA	22314-4443

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

328.00

Date of Receipt

**06 / 03 / 2016**

**Transaction ID : SA17.338972**

Amount of Each Receipt this Period

1.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**B. RYAN WILSON**

Mailing Address 1202 S. WASHINGTON ST.  
 APT. #302

City	State	Zip Code
ALEXANDRIA	VA	22314-4443

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

328.00

Date of Receipt

**06 / 06 / 2016**

**Transaction ID : SA17.338974**

Amount of Each Receipt this Period

1.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**C. RYAN WILSON**

Mailing Address 1202 S. WASHINGTON ST.  
 APT. #302

City	State	Zip Code
ALEXANDRIA	VA	22314-4443

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

328.00

Date of Receipt

**06 / 06 / 2016**

**Transaction ID : SA17.338975**

Amount of Each Receipt this Period

1.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

3.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial) <b>A. RYAN WILSON</b>		Date of Receipt <div> <div>MM / DD / YYYY</div> <div>06 / 06 / 2016</div> </div>	
Mailing Address 1202 S. WASHINGTON ST. APT. #302		<b>Transaction ID : SA17.338976</b>	
City ALEXANDRIA	State VA	Zip Code 22314-4443	Amount of Each Receipt this Period <div> <div>1.00</div> </div>
FEC ID number of contributing federal political committee. <div>C</div>		<input type="checkbox"/> Memo Item CONTRIBUTION	
Name of Employer RETIRED	Occupation RETIRED	NON CONTRIBUTION ACCOUNT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <div>328.00</div>		
Full Name (Last, First, Middle Initial) <b>B. RYAN WILSON</b>		Date of Receipt <div> <div>MM / DD / YYYY</div> <div>06 / 07 / 2016</div> </div>	
Mailing Address 1202 S. WASHINGTON ST. APT. #302		<b>Transaction ID : SA17.338977</b>	
City ALEXANDRIA	State VA	Zip Code 22314-4443	Amount of Each Receipt this Period <div> <div>1.00</div> </div>
FEC ID number of contributing federal political committee. <div>C</div>		<input type="checkbox"/> Memo Item CONTRIBUTION	
Name of Employer RETIRED	Occupation RETIRED	NON CONTRIBUTION ACCOUNT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <div>328.00</div>		
Full Name (Last, First, Middle Initial) <b>C. RYAN WILSON</b>		Date of Receipt <div> <div>MM / DD / YYYY</div> <div>06 / 07 / 2016</div> </div>	
Mailing Address 1202 S. WASHINGTON ST. APT. #302		<b>Transaction ID : SA17.338978</b>	
City ALEXANDRIA	State VA	Zip Code 22314-4443	Amount of Each Receipt this Period <div> <div>1.00</div> </div>
FEC ID number of contributing federal political committee. <div>C</div>		<input type="checkbox"/> Memo Item CONTRIBUTION	
Name of Employer RETIRED	Occupation RETIRED	NON CONTRIBUTION ACCOUNT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <div>328.00</div>		
<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶		<div>3.00</div>	
<b>TOTAL</b> This Period (last page this line number only)..... ▶		<div></div>	



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 721 OF 2173

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. RYAN WILSON**

Mailing Address 1202 S. WASHINGTON ST.  
 APT. #302

City	State	Zip Code
ALEXANDRIA	VA	22314-4443

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

328.00

Date of Receipt

**06** / **07** / **2016**

**Transaction ID : SA17.338979**

Amount of Each Receipt this Period

1.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**B. RYAN WILSON**

Mailing Address 1202 S. WASHINGTON ST.  
 APT. #302

City	State	Zip Code
ALEXANDRIA	VA	22314-4443

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

328.00

Date of Receipt

**06** / **07** / **2016**

**Transaction ID : SA17.338980**

Amount of Each Receipt this Period

1.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**C. RYAN WILSON**

Mailing Address 1202 S. WASHINGTON ST.  
 APT. #302

City	State	Zip Code
ALEXANDRIA	VA	22314-4443

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

328.00

Date of Receipt

**06** / **07** / **2016**

**Transaction ID : SA17.338981**

Amount of Each Receipt this Period

1.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

3.00

**SCHEDULE A (FEC Form 3X)**  
**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"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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 NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial) <b>A. RYAN WILSON</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 07 / 2016 <b>Transaction ID : SA17.338982</b>	
Mailing Address 1202 S. WASHINGTON ST. APT. #302		Amount of Each Receipt this Period 1.00	
City ALEXANDRIA	State VA	Zip Code 22314-4443	<input type="checkbox"/> Memo Item CONTRIBUTION
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 328.00	
Name of Employer RETIRED		Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		NON CONTRIBUTION ACCOUNT	
Full Name (Last, First, Middle Initial) <b>B. RYAN WILSON</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 07 / 2016 <b>Transaction ID : SA17.338984</b>	
Mailing Address 1202 S. WASHINGTON ST. APT. #302		Amount of Each Receipt this Period 1.00	
City ALEXANDRIA	State VA	Zip Code 22314-4443	<input type="checkbox"/> Memo Item CONTRIBUTION
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 328.00	
Name of Employer RETIRED		Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		NON CONTRIBUTION ACCOUNT	
Full Name (Last, First, Middle Initial) <b>C. RYAN WILSON</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 07 / 2016 <b>Transaction ID : SA17.338985</b>	
Mailing Address 1202 S. WASHINGTON ST. APT. #302		Amount of Each Receipt this Period 1.00	
City ALEXANDRIA	State VA	Zip Code 22314-4443	<input type="checkbox"/> Memo Item CONTRIBUTION
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 328.00	
Name of Employer RETIRED		Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		NON CONTRIBUTION ACCOUNT	
<b>SUBTOTAL</b> of Receipts This Page (optional).....		3.00	
<b>TOTAL</b> This Period (last page this line number only).....			

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 723 OF 2173

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17
------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	--

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. RYAN WILSON**

Mailing Address 1202 S. WASHINGTON ST.  
 APT. #302

City	State	Zip Code
ALEXANDRIA	VA	22314-4443

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

328.00

Date of Receipt

**06** / **07** / **2016**

**Transaction ID : SA17.338986**

Amount of Each Receipt this Period

1.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**B. RYAN WILSON**

Mailing Address 1202 S. WASHINGTON ST.  
 APT. #302

City	State	Zip Code
ALEXANDRIA	VA	22314-4443

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

328.00

Date of Receipt

**06** / **07** / **2016**

**Transaction ID : SA17.338987**

Amount of Each Receipt this Period

1.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**C. RYAN WILSON**

Mailing Address 1202 S. WASHINGTON ST.  
 APT. #302

City	State	Zip Code
ALEXANDRIA	VA	22314-4443

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

328.00

Date of Receipt

**06** / **07** / **2016**

**Transaction ID : SA17.338988**

Amount of Each Receipt this Period

1.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

3.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 724 OF 2173

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial) <b>A. RYAN WILSON</b>		Date of Receipt <div> <div>MM / DD / YYYY</div> <div>06 / 07 / 2016</div> </div>	
Mailing Address 1202 S. WASHINGTON ST. APT. #302		<b>Transaction ID : SA17.338989</b>	
City ALEXANDRIA	State VA	Zip Code 22314-4443	Amount of Each Receipt this Period <div> <div>1.00</div> </div>
FEC ID number of contributing federal political committee. <div>C</div>		<input type="checkbox"/> Memo Item CONTRIBUTION	
Name of Employer RETIRED	Occupation RETIRED	NON CONTRIBUTION ACCOUNT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <div>328.00</div>		

  

Full Name (Last, First, Middle Initial) <b>B. RYAN WILSON</b>		Date of Receipt <div> <div>MM / DD / YYYY</div> <div>06 / 07 / 2016</div> </div>	
Mailing Address 1202 S. WASHINGTON ST. APT. #302		<b>Transaction ID : SA17.338990</b>	
City ALEXANDRIA	State VA	Zip Code 22314-4443	Amount of Each Receipt this Period <div> <div>1.00</div> </div>
FEC ID number of contributing federal political committee. <div>C</div>		<input type="checkbox"/> Memo Item CONTRIBUTION	
Name of Employer RETIRED	Occupation RETIRED	NON CONTRIBUTION ACCOUNT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <div>328.00</div>		

  

Full Name (Last, First, Middle Initial) <b>C. RYAN WILSON</b>		Date of Receipt <div> <div>MM / DD / YYYY</div> <div>06 / 08 / 2016</div> </div>	
Mailing Address 1202 S. WASHINGTON ST. APT. #302		<b>Transaction ID : SA17.338991</b>	
City ALEXANDRIA	State VA	Zip Code 22314-4443	Amount of Each Receipt this Period <div> <div>1.00</div> </div>
FEC ID number of contributing federal political committee. <div>C</div>		<input type="checkbox"/> Memo Item CONTRIBUTION	
Name of Employer RETIRED	Occupation RETIRED	NON CONTRIBUTION ACCOUNT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <div>328.00</div>		

  

<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶		<div>3.00</div>
<b>TOTAL</b> This Period (last page this line number only)..... ▶		

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 725 OF 2173

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial) <b>A. RYAN WILSON</b>		Date of Receipt <div> <div>M M / D D / Y Y Y Y Y Y</div> <div>06 / 08 / 2016</div> </div>	
Mailing Address 1202 S. WASHINGTON ST. APT. #302		<b>Transaction ID : SA17.338992</b>	
City ALEXANDRIA	State VA	Zip Code 22314-4443	Amount of Each Receipt this Period <div> <div>1.00</div> </div>
FEC ID number of contributing federal political committee. <div>C</div>		<input type="checkbox"/> Memo Item CONTRIBUTION	
Name of Employer RETIRED	Occupation RETIRED	NON CONTRIBUTION ACCOUNT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <div>328.00</div>		

  

Full Name (Last, First, Middle Initial) <b>B. RYAN WILSON</b>		Date of Receipt <div> <div>M M / D D / Y Y Y Y Y Y</div> <div>06 / 08 / 2016</div> </div>	
Mailing Address 1202 S. WASHINGTON ST. APT. #302		<b>Transaction ID : SA17.338993</b>	
City ALEXANDRIA	State VA	Zip Code 22314-4443	Amount of Each Receipt this Period <div> <div>1.00</div> </div>
FEC ID number of contributing federal political committee. <div>C</div>		<input type="checkbox"/> Memo Item CONTRIBUTION	
Name of Employer RETIRED	Occupation RETIRED	NON CONTRIBUTION ACCOUNT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <div>328.00</div>		

  

Full Name (Last, First, Middle Initial) <b>C. RYAN WILSON</b>		Date of Receipt <div> <div>M M / D D / Y Y Y Y Y Y</div> <div>06 / 08 / 2016</div> </div>	
Mailing Address 1202 S. WASHINGTON ST. APT. #302		<b>Transaction ID : SA17.338994</b>	
City ALEXANDRIA	State VA	Zip Code 22314-4443	Amount of Each Receipt this Period <div> <div>1.00</div> </div>
FEC ID number of contributing federal political committee. <div>C</div>		<input type="checkbox"/> Memo Item CONTRIBUTION	
Name of Employer RETIRED	Occupation RETIRED	NON CONTRIBUTION ACCOUNT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <div>328.00</div>		

  

<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶		<div>3.00</div>
<b>TOTAL</b> This Period (last page this line number only)..... ▶		

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 726 OF 2173

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. RYAN WILSON**

Mailing Address 1202 S. WASHINGTON ST.  
 APT. #302

City	State	Zip Code
ALEXANDRIA	VA	22314-4443

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

328.00

Date of Receipt

**06** / **08** / **2016**

**Transaction ID : SA17.338995**

Amount of Each Receipt this Period

1.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**B. RYAN WILSON**

Mailing Address 1202 S. WASHINGTON ST.  
 APT. #302

City	State	Zip Code
ALEXANDRIA	VA	22314-4443

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

328.00

Date of Receipt

**06** / **08** / **2016**

**Transaction ID : SA17.338996**

Amount of Each Receipt this Period

1.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**C. RYAN WILSON**

Mailing Address 1202 S. WASHINGTON ST.  
 APT. #302

City	State	Zip Code
ALEXANDRIA	VA	22314-4443

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

328.00

Date of Receipt

**06** / **08** / **2016**

**Transaction ID : SA17.338997**

Amount of Each Receipt this Period

1.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

3.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 727 OF 2173  
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial) <b>A. RYAN WILSON</b>		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>06</td> <td></td> <td>08</td> <td></td> <td>2016</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	06		08		2016
M M M	/	D D D	/	Y Y Y Y Y Y								
06		08		2016								
Mailing Address 1202 S. WASHINGTON ST. APT. #302		<b>Transaction ID : SA17.338998</b>										
City ALEXANDRIA	State VA	Zip Code 22314-4443										
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period <table border="1"> <tr> <td>1.00</td> </tr> </table>	1.00									
1.00												
Name of Employer RETIRED	Occupation RETIRED	<input type="checkbox"/> Memo Item CONTRIBUTION										
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <table border="1"> <tr> <td>328.00</td> </tr> </table>	328.00	NON CONTRIBUTION ACCOUNT									
328.00												

Full Name (Last, First, Middle Initial) <b>B. RYAN WILSON</b>		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>06</td> <td></td> <td>08</td> <td></td> <td>2016</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	06		08		2016
M M M	/	D D D	/	Y Y Y Y Y Y								
06		08		2016								
Mailing Address 1202 S. WASHINGTON ST. APT. #302		<b>Transaction ID : SA17.339001</b>										
City ALEXANDRIA	State VA	Zip Code 22314-4443										
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period <table border="1"> <tr> <td>1.00</td> </tr> </table>	1.00									
1.00												
Name of Employer RETIRED	Occupation RETIRED	<input type="checkbox"/> Memo Item CONTRIBUTION										
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <table border="1"> <tr> <td>328.00</td> </tr> </table>	328.00	NON CONTRIBUTION ACCOUNT									
328.00												

Full Name (Last, First, Middle Initial) <b>C. RYAN WILSON</b>		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>06</td> <td></td> <td>08</td> <td></td> <td>2016</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	06		08		2016
M M M	/	D D D	/	Y Y Y Y Y Y								
06		08		2016								
Mailing Address 1202 S. WASHINGTON ST. APT. #302		<b>Transaction ID : SA17.339008</b>										
City ALEXANDRIA	State VA	Zip Code 22314-4443										
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period <table border="1"> <tr> <td>1.00</td> </tr> </table>	1.00									
1.00												
Name of Employer RETIRED	Occupation RETIRED	<input type="checkbox"/> Memo Item CONTRIBUTION										
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <table border="1"> <tr> <td>328.00</td> </tr> </table>	328.00	NON CONTRIBUTION ACCOUNT									
328.00												

**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 728 OF 2173

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial) <b>A. RYAN WILSON</b>		Date of Receipt <div> <div>M M / D D / Y Y Y Y Y Y</div> <div>06 / 08 / 2016</div> </div>
Mailing Address 1202 S. WASHINGTON ST. APT. #302		<b>Transaction ID : SA17.339009</b>
City ALEXANDRIA	State VA	Zip Code 22314-4443
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period <div> <div>1.00</div> </div>
Name of Employer RETIRED	Occupation RETIRED	<input type="checkbox"/> Memo Item CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <div> <div>328.00</div> </div>	NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial) <b>B. RYAN WILSON</b>		Date of Receipt <div> <div>M M / D D / Y Y Y Y Y Y</div> <div>06 / 08 / 2016</div> </div>
Mailing Address 1202 S. WASHINGTON ST. APT. #302		<b>Transaction ID : SA17.339010</b>
City ALEXANDRIA	State VA	Zip Code 22314-4443
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period <div> <div>1.00</div> </div>
Name of Employer RETIRED	Occupation RETIRED	<input type="checkbox"/> Memo Item CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <div> <div>328.00</div> </div>	NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial) <b>C. RYAN WILSON</b>		Date of Receipt <div> <div>M M / D D / Y Y Y Y Y Y</div> <div>06 / 08 / 2016</div> </div>
Mailing Address 1202 S. WASHINGTON ST. APT. #302		<b>Transaction ID : SA17.339011</b>
City ALEXANDRIA	State VA	Zip Code 22314-4443
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period <div> <div>1.00</div> </div>
Name of Employer RETIRED	Occupation RETIRED	<input type="checkbox"/> Memo Item CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <div> <div>328.00</div> </div>	NON CONTRIBUTION ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

3.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 729 OF 2173

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. RYAN WILSON**

Mailing Address 1202 S. WASHINGTON ST.  
APT. #302

City	State	Zip Code
ALEXANDRIA	VA	22314-4443

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

328.00

Date of Receipt

**06** / **08** / **2016**

**Transaction ID : SA17.339012**

Amount of Each Receipt this Period

1.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**B. RYAN WILSON**

Mailing Address 1202 S. WASHINGTON ST.  
APT. #302

City	State	Zip Code
ALEXANDRIA	VA	22314-4443

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

328.00

Date of Receipt

**06** / **08** / **2016**

**Transaction ID : SA17.339013**

Amount of Each Receipt this Period

1.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**C. RYAN WILSON**

Mailing Address 1202 S. WASHINGTON ST.  
APT. #302

City	State	Zip Code
ALEXANDRIA	VA	22314-4443

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

328.00

Date of Receipt

**06** / **08** / **2016**

**Transaction ID : SA17.339014**

Amount of Each Receipt this Period

1.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

3.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 730 OF 2173

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. RYAN WILSON**

Mailing Address 1202 S. WASHINGTON ST.  
APT. #302

City	State	Zip Code
ALEXANDRIA	VA	22314-4443

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

328.00

Date of Receipt

**06** / **09** / **2016**

**Transaction ID : SA17.339015**

Amount of Each Receipt this Period

1.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**B. RYAN WILSON**

Mailing Address 1202 S. WASHINGTON ST.  
APT. #302

City	State	Zip Code
ALEXANDRIA	VA	22314-4443

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

328.00

Date of Receipt

**06** / **09** / **2016**

**Transaction ID : SA17.339016**

Amount of Each Receipt this Period

1.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**C. RYAN WILSON**

Mailing Address 1202 S. WASHINGTON ST.  
APT. #302

City	State	Zip Code
ALEXANDRIA	VA	22314-4443

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

328.00

Date of Receipt

**06** / **09** / **2016**

**Transaction ID : SA17.339017**

Amount of Each Receipt this Period

1.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

3.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 731 OF 2173

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17
------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	--

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)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. RYAN WILSON**

Mailing Address 1202 S. WASHINGTON ST.  
 APT. #302

City	State	Zip Code
ALEXANDRIA	VA	22314-4443

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

328.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 09 / 2016

Transaction ID : SA17.339018

Amount of Each Receipt this Period

1.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**B. RYAN WILSON**

Mailing Address 1202 S. WASHINGTON ST.  
 APT. #302

City	State	Zip Code
ALEXANDRIA	VA	22314-4443

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

328.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 09 / 2016

Transaction ID : SA17.339019

Amount of Each Receipt this Period

1.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**C. RYAN WILSON**

Mailing Address 1202 S. WASHINGTON ST.  
 APT. #302

City	State	Zip Code
ALEXANDRIA	VA	22314-4443

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

328.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 09 / 2016

Transaction ID : SA17.339020

Amount of Each Receipt this Period

1.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

3.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 732 OF 2173

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial) <b>A. RYAN WILSON</b>		Date of Receipt <div> <div>M M / D D / Y Y Y Y Y Y</div> <div>06 / 09 / 2016</div> </div>
Mailing Address 1202 S. WASHINGTON ST. APT. #302		<b>Transaction ID : SA17.339021</b>
City ALEXANDRIA	State VA	Zip Code 22314-4443
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period <div> <div>1.00</div> </div>
Name of Employer RETIRED	Occupation RETIRED	<input type="checkbox"/> Memo Item CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <div> <div>328.00</div> </div>	NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial) <b>B. RYAN WILSON</b>		Date of Receipt <div> <div>M M / D D / Y Y Y Y Y Y</div> <div>06 / 09 / 2016</div> </div>
Mailing Address 1202 S. WASHINGTON ST. APT. #302		<b>Transaction ID : SA17.339023</b>
City ALEXANDRIA	State VA	Zip Code 22314-4443
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period <div> <div>1.00</div> </div>
Name of Employer RETIRED	Occupation RETIRED	<input type="checkbox"/> Memo Item CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <div> <div>328.00</div> </div>	NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial) <b>C. RYAN WILSON</b>		Date of Receipt <div> <div>M M / D D / Y Y Y Y Y Y</div> <div>06 / 09 / 2016</div> </div>
Mailing Address 1202 S. WASHINGTON ST. APT. #302		<b>Transaction ID : SA17.339024</b>
City ALEXANDRIA	State VA	Zip Code 22314-4443
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period <div> <div>1.00</div> </div>
Name of Employer RETIRED	Occupation RETIRED	<input type="checkbox"/> Memo Item CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <div> <div>328.00</div> </div>	NON CONTRIBUTION ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

3.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 733 OF 2173

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17
------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	--

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. RYAN WILSON**

Mailing Address 1202 S. WASHINGTON ST.  
 APT. #302

City	State	Zip Code
ALEXANDRIA	VA	22314-4443

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

328.00

Date of Receipt

**06** / **09** / **2016**

**Transaction ID : SA17.339025**

Amount of Each Receipt this Period

1.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**B. RYAN WILSON**

Mailing Address 1202 S. WASHINGTON ST.  
 APT. #302

City	State	Zip Code
ALEXANDRIA	VA	22314-4443

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

328.00

Date of Receipt

**06** / **10** / **2016**

**Transaction ID : SA17.339026**

Amount of Each Receipt this Period

1.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**C. RYAN WILSON**

Mailing Address 1202 S. WASHINGTON ST.  
 APT. #302

City	State	Zip Code
ALEXANDRIA	VA	22314-4443

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

328.00

Date of Receipt

**06** / **10** / **2016**

**Transaction ID : SA17.339027**

Amount of Each Receipt this Period

1.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

3.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 734 OF 2173

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial) <b>A. RYAN WILSON</b>		Date of Receipt <div> <div>MM / DD / YYYY</div> <div>06 / 10 / 2016</div> </div> <b>Transaction ID : SA17.339028</b>	
Mailing Address 1202 S. WASHINGTON ST. APT. #302		Amount of Each Receipt this Period <div> <div></div> <div>1.00</div> </div>	
City ALEXANDRIA	State VA	Zip Code 22314-4443	<input type="checkbox"/> Memo Item CONTRIBUTION
FEC ID number of contributing federal political committee. <div> <div>C</div> <div></div> </div>		NON CONTRIBUTION ACCOUNT	
Name of Employer RETIRED	Occupation RETIRED	Aggregate Year-to-Date ▼ <div> <div></div> <div>328.00</div> </div>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
Full Name (Last, First, Middle Initial) <b>B. RYAN WILSON</b>		Date of Receipt <div> <div>MM / DD / YYYY</div> <div>06 / 10 / 2016</div> </div> <b>Transaction ID : SA17.339029</b>	
Mailing Address 1202 S. WASHINGTON ST. APT. #302		Amount of Each Receipt this Period <div> <div></div> <div>1.00</div> </div>	
City ALEXANDRIA	State VA	Zip Code 22314-4443	<input type="checkbox"/> Memo Item CONTRIBUTION
FEC ID number of contributing federal political committee. <div> <div>C</div> <div></div> </div>		NON CONTRIBUTION ACCOUNT	
Name of Employer RETIRED	Occupation RETIRED	Aggregate Year-to-Date ▼ <div> <div></div> <div>328.00</div> </div>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
Full Name (Last, First, Middle Initial) <b>C. RYAN WILSON</b>		Date of Receipt <div> <div>MM / DD / YYYY</div> <div>06 / 10 / 2016</div> </div> <b>Transaction ID : SA17.339030</b>	
Mailing Address 1202 S. WASHINGTON ST. APT. #302		Amount of Each Receipt this Period <div> <div></div> <div>1.00</div> </div>	
City ALEXANDRIA	State VA	Zip Code 22314-4443	<input type="checkbox"/> Memo Item CONTRIBUTION
FEC ID number of contributing federal political committee. <div> <div>C</div> <div></div> </div>		NON CONTRIBUTION ACCOUNT	
Name of Employer RETIRED	Occupation RETIRED	Aggregate Year-to-Date ▼ <div> <div></div> <div>328.00</div> </div>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶		<div> <div></div> <div>3.00</div> </div>	
<b>TOTAL</b> This Period (last page this line number only)..... ▶		<div> <div></div> <div></div> </div>	

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 735 OF 2173

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. RYAN WILSON**Mailing Address 1202 S. WASHINGTON ST.  
APT. #302

City	State	Zip Code
ALEXANDRIA	VA	22314-4443

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

328.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	14	/	2016

Transaction ID : SA17.339031

Amount of Each Receipt this Period

1.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**B. RYAN WILSON**Mailing Address 1202 S. WASHINGTON ST.  
APT. #302

City	State	Zip Code
ALEXANDRIA	VA	22314-4443

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

328.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	14	/	2016

Transaction ID : SA17.339032

Amount of Each Receipt this Period

1.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**C. RYAN WILSON**Mailing Address 1202 S. WASHINGTON ST.  
APT. #302

City	State	Zip Code
ALEXANDRIA	VA	22314-4443

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

328.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	14	/	2016

Transaction ID : SA17.339033

Amount of Each Receipt this Period

1.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

3.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 736 OF 2173

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. RYAN WILSON**

Mailing Address 1202 S. WASHINGTON ST.  
 APT. #302

City	State	Zip Code
ALEXANDRIA	VA	22314-4443

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

328.00

Date of Receipt

**06 / 15 / 2016**

**Transaction ID : SA17.339034**

Amount of Each Receipt this Period

1.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**B. RYAN WILSON**

Mailing Address 1202 S. WASHINGTON ST.  
 APT. #302

City	State	Zip Code
ALEXANDRIA	VA	22314-4443

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

328.00

Date of Receipt

**06 / 16 / 2016**

**Transaction ID : SA17.339035**

Amount of Each Receipt this Period

1.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**C. RYAN WILSON**

Mailing Address 1202 S. WASHINGTON ST.  
 APT. #302

City	State	Zip Code
ALEXANDRIA	VA	22314-4443

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

328.00

Date of Receipt

**06 / 16 / 2016**

**Transaction ID : SA17.339036**

Amount of Each Receipt this Period

1.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

3.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 737 OF 2173

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial) <b>A. RYAN WILSON</b>			Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 16 / 2016 <b>Transaction ID : SA17.339037</b>
Mailing Address 1202 S. WASHINGTON ST. APT. #302			Amount of Each Receipt this Period 1.00 <input type="checkbox"/> Memo Item CONTRIBUTION  NON CONTRIBUTION ACCOUNT
City ALEXANDRIA	State VA	Zip Code 22314-4443	
FEC ID number of contributing federal political committee. C			
Name of Employer RETIRED	Occupation RETIRED		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 328.00	

Full Name (Last, First, Middle Initial) <b>B. RYAN WILSON</b>			Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 16 / 2016 <b>Transaction ID : SA17.339039</b>
Mailing Address 1202 S. WASHINGTON ST. APT. #302			Amount of Each Receipt this Period 1.00 <input type="checkbox"/> Memo Item CONTRIBUTION  NON CONTRIBUTION ACCOUNT
City ALEXANDRIA	State VA	Zip Code 22314-4443	
FEC ID number of contributing federal political committee. C			
Name of Employer RETIRED	Occupation RETIRED		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 328.00	

Full Name (Last, First, Middle Initial) <b>C. RYAN WILSON</b>			Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 16 / 2016 <b>Transaction ID : SA17.339041</b>
Mailing Address 1202 S. WASHINGTON ST. APT. #302			Amount of Each Receipt this Period 1.00 <input type="checkbox"/> Memo Item CONTRIBUTION  NON CONTRIBUTION ACCOUNT
City ALEXANDRIA	State VA	Zip Code 22314-4443	
FEC ID number of contributing federal political committee. C			
Name of Employer RETIRED	Occupation RETIRED		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 328.00	

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

3.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 738 OF 2173

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input checked="" type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial) <b>A. RYAN WILSON</b>		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>06</td> <td></td> <td>16</td> <td></td> <td>2016</td> </tr> </table> <b>Transaction ID : SA17.339042</b>	M M M	/	D D D	/	Y Y Y Y Y Y	06		16		2016
M M M	/	D D D	/	Y Y Y Y Y Y								
06		16		2016								
Mailing Address 1202 S. WASHINGTON ST. APT. #302		Amount of Each Receipt this Period <table border="1"> <tr> <td>1.00</td> </tr> </table> <input type="checkbox"/> Memo Item CONTRIBUTION	1.00									
1.00												
City ALEXANDRIA	State VA	Zip Code 22314-4443										
FEC ID number of contributing federal political committee. C		NON CONTRIBUTION ACCOUNT										
Name of Employer RETIRED	Occupation RETIRED											
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <table border="1"> <tr> <td>328.00</td> </tr> </table>	328.00										
328.00												
Full Name (Last, First, Middle Initial) <b>B. RYAN WILSON</b>		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>06</td> <td></td> <td>16</td> <td></td> <td>2016</td> </tr> </table> <b>Transaction ID : SA17.339043</b>	M M M	/	D D D	/	Y Y Y Y Y Y	06		16		2016
M M M	/	D D D	/	Y Y Y Y Y Y								
06		16		2016								
Mailing Address 1202 S. WASHINGTON ST. APT. #302		Amount of Each Receipt this Period <table border="1"> <tr> <td>1.00</td> </tr> </table> <input type="checkbox"/> Memo Item CONTRIBUTION	1.00									
1.00												
City ALEXANDRIA	State VA	Zip Code 22314-4443										
FEC ID number of contributing federal political committee. C		NON CONTRIBUTION ACCOUNT										
Name of Employer RETIRED	Occupation RETIRED											
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <table border="1"> <tr> <td>328.00</td> </tr> </table>	328.00										
328.00												
Full Name (Last, First, Middle Initial) <b>C. RYAN WILSON</b>		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>06</td> <td></td> <td>16</td> <td></td> <td>2016</td> </tr> </table> <b>Transaction ID : SA17.339044</b>	M M M	/	D D D	/	Y Y Y Y Y Y	06		16		2016
M M M	/	D D D	/	Y Y Y Y Y Y								
06		16		2016								
Mailing Address 1202 S. WASHINGTON ST. APT. #302		Amount of Each Receipt this Period <table border="1"> <tr> <td>1.00</td> </tr> </table> <input type="checkbox"/> Memo Item CONTRIBUTION	1.00									
1.00												
City ALEXANDRIA	State VA	Zip Code 22314-4443										
FEC ID number of contributing federal political committee. C		NON CONTRIBUTION ACCOUNT										
Name of Employer RETIRED	Occupation RETIRED											
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <table border="1"> <tr> <td>328.00</td> </tr> </table>	328.00										
328.00												
<b>SUBTOTAL</b> of Receipts This Page (optional).....▶		<table border="1"> <tr> <td>3.00</td> </tr> </table>	3.00									
3.00												
<b>TOTAL</b> This Period (last page this line number only).....▶		<table border="1"> <tr> <td></td> </tr> </table>										

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 739 OF 2173

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial) <b>A. RYAN WILSON</b>			Date of Receipt <div> <div>M M / D D / Y Y Y Y Y Y</div> <div>06 / 16 / 2016</div> </div>
Mailing Address 1202 S. WASHINGTON ST. APT. #302			<b>Transaction ID : SA17.339045</b>
City ALEXANDRIA	State VA	Zip Code 22314-4443	Amount of Each Receipt this Period <div> <div>1.00</div> </div>
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item CONTRIBUTION
Name of Employer RETIRED	Occupation RETIRED		NON CONTRIBUTION ACCOUNT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <div> <div>328.00</div> </div>	

Full Name (Last, First, Middle Initial) <b>B. RYAN WILSON</b>			Date of Receipt <div> <div>M M / D D / Y Y Y Y Y Y</div> <div>06 / 16 / 2016</div> </div>
Mailing Address 1202 S. WASHINGTON ST. APT. #302			<b>Transaction ID : SA17.339046</b>
City ALEXANDRIA	State VA	Zip Code 22314-4443	Amount of Each Receipt this Period <div> <div>1.00</div> </div>
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item CONTRIBUTION
Name of Employer RETIRED	Occupation RETIRED		NON CONTRIBUTION ACCOUNT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <div> <div>328.00</div> </div>	

Full Name (Last, First, Middle Initial) <b>C. RYAN WILSON</b>			Date of Receipt <div> <div>M M / D D / Y Y Y Y Y Y</div> <div>06 / 16 / 2016</div> </div>
Mailing Address 1202 S. WASHINGTON ST. APT. #302			<b>Transaction ID : SA17.339047</b>
City ALEXANDRIA	State VA	Zip Code 22314-4443	Amount of Each Receipt this Period <div> <div>1.00</div> </div>
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item CONTRIBUTION
Name of Employer RETIRED	Occupation RETIRED		NON CONTRIBUTION ACCOUNT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <div> <div>328.00</div> </div>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<div> <div>3.00</div> </div>
<b>TOTAL</b> This Period (last page this line number only).....▶	<div> <div></div> </div>

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 740 OF 2173

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17
------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	--

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)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. RYAN WILSON**

Mailing Address 1202 S. WASHINGTON ST.  
 APT. #302

City	State	Zip Code
ALEXANDRIA	VA	22314-4443

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

328.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 16 / 2016

Transaction ID : SA17.339049

Amount of Each Receipt this Period

1.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**B. RYAN WILSON**

Mailing Address 1202 S. WASHINGTON ST.  
 APT. #302

City	State	Zip Code
ALEXANDRIA	VA	22314-4443

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

328.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 16 / 2016

Transaction ID : SA17.339050

Amount of Each Receipt this Period

1.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**C. RYAN WILSON**

Mailing Address 1202 S. WASHINGTON ST.  
 APT. #302

City	State	Zip Code
ALEXANDRIA	VA	22314-4443

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

328.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 16 / 2016

Transaction ID : SA17.339051

Amount of Each Receipt this Period

1.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

3.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 741 OF 2173

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. RYAN WILSON**Mailing Address 1202 S. WASHINGTON ST.  
APT. #302

City	State	Zip Code
ALEXANDRIA	VA	22314-4443

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

328.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	16	/	2016

Transaction ID : SA17.339052

Amount of Each Receipt this Period

1.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**B. RYAN WILSON**Mailing Address 1202 S. WASHINGTON ST.  
APT. #302

City	State	Zip Code
ALEXANDRIA	VA	22314-4443

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

328.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	16	/	2016

Transaction ID : SA17.339053

Amount of Each Receipt this Period

1.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**C. RYAN WILSON**Mailing Address 1202 S. WASHINGTON ST.  
APT. #302

City	State	Zip Code
ALEXANDRIA	VA	22314-4443

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

328.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	17	/	2016

Transaction ID : SA17.339054

Amount of Each Receipt this Period

1.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

3.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 742 OF 2173

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial) <b>A. RYAN WILSON</b>		Date of Receipt <div> <div>M M / D D / Y Y Y Y Y</div> <div>06 / 17 / 2016</div> </div>
Mailing Address 1202 S. WASHINGTON ST. APT. #302		<b>Transaction ID : SA17.339055</b>
City ALEXANDRIA	State VA	Zip Code 22314-4443
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period <div> <div>1.00</div> </div>
Name of Employer RETIRED	Occupation RETIRED	<input type="checkbox"/> Memo Item CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <div> <div>328.00</div> </div>	NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial) <b>B. RYAN WILSON</b>		Date of Receipt <div> <div>M M / D D / Y Y Y Y Y</div> <div>06 / 17 / 2016</div> </div>
Mailing Address 1202 S. WASHINGTON ST. APT. #302		<b>Transaction ID : SA17.339056</b>
City ALEXANDRIA	State VA	Zip Code 22314-4443
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period <div> <div>1.00</div> </div>
Name of Employer RETIRED	Occupation RETIRED	<input type="checkbox"/> Memo Item CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <div> <div>328.00</div> </div>	NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial) <b>C. RYAN WILSON</b>		Date of Receipt <div> <div>M M / D D / Y Y Y Y Y</div> <div>06 / 17 / 2016</div> </div>
Mailing Address 1202 S. WASHINGTON ST. APT. #302		<b>Transaction ID : SA17.339057</b>
City ALEXANDRIA	State VA	Zip Code 22314-4443
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period <div> <div>1.00</div> </div>
Name of Employer RETIRED	Occupation RETIRED	<input type="checkbox"/> Memo Item CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <div> <div>328.00</div> </div>	NON CONTRIBUTION ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

3.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 743 OF 2173

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial) <b>A. RYAN WILSON</b>		Date of Receipt <div> <div>MM / DD / YYYY</div> <div>06 / 17 / 2016</div> </div>	
Mailing Address 1202 S. WASHINGTON ST. APT. #302		<b>Transaction ID : SA17.339058</b>	
City ALEXANDRIA	State VA	Zip Code 22314-4443	Amount of Each Receipt this Period <div> <div>1.00</div> </div>
FEC ID number of contributing federal political committee. <div>C</div>		<input type="checkbox"/> Memo Item CONTRIBUTION	
Name of Employer RETIRED	Occupation RETIRED	NON CONTRIBUTION ACCOUNT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <div>328.00</div>		
Full Name (Last, First, Middle Initial) <b>B. RYAN WILSON</b>		Date of Receipt <div> <div>MM / DD / YYYY</div> <div>06 / 17 / 2016</div> </div>	
Mailing Address 1202 S. WASHINGTON ST. APT. #302		<b>Transaction ID : SA17.339059</b>	
City ALEXANDRIA	State VA	Zip Code 22314-4443	Amount of Each Receipt this Period <div> <div>1.00</div> </div>
FEC ID number of contributing federal political committee. <div>C</div>		<input type="checkbox"/> Memo Item CONTRIBUTION	
Name of Employer RETIRED	Occupation RETIRED	NON CONTRIBUTION ACCOUNT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <div>328.00</div>		
Full Name (Last, First, Middle Initial) <b>C. RYAN WILSON</b>		Date of Receipt <div> <div>MM / DD / YYYY</div> <div>06 / 17 / 2016</div> </div>	
Mailing Address 1202 S. WASHINGTON ST. APT. #302		<b>Transaction ID : SA17.339060</b>	
City ALEXANDRIA	State VA	Zip Code 22314-4443	Amount of Each Receipt this Period <div> <div>1.00</div> </div>
FEC ID number of contributing federal political committee. <div>C</div>		<input type="checkbox"/> Memo Item CONTRIBUTION	
Name of Employer RETIRED	Occupation RETIRED	NON CONTRIBUTION ACCOUNT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <div>328.00</div>		
<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶		<div>3.00</div>	
<b>TOTAL</b> This Period (last page this line number only)..... ▶		<div></div>	

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 744 OF 2173

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial) <b>A. RYAN WILSON</b>		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>06</td> <td></td> <td>17</td> <td></td> <td>2016</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	06		17		2016
M M M	/	D D D	/	Y Y Y Y Y Y								
06		17		2016								
Mailing Address 1202 S. WASHINGTON ST. APT. #302		<b>Transaction ID : SA17.339061</b>										
City ALEXANDRIA	State VA	Zip Code 22314-4443										
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1.00										
Name of Employer RETIRED	Occupation RETIRED	<input type="checkbox"/> Memo Item CONTRIBUTION										
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 328.00	NON CONTRIBUTION ACCOUNT										

Full Name (Last, First, Middle Initial) <b>B. RYAN WILSON</b>		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>06</td> <td></td> <td>17</td> <td></td> <td>2016</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	06		17		2016
M M M	/	D D D	/	Y Y Y Y Y Y								
06		17		2016								
Mailing Address 1202 S. WASHINGTON ST. APT. #302		<b>Transaction ID : SA17.339062</b>										
City ALEXANDRIA	State VA	Zip Code 22314-4443										
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1.00										
Name of Employer RETIRED	Occupation RETIRED	<input type="checkbox"/> Memo Item CONTRIBUTION										
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 328.00	NON CONTRIBUTION ACCOUNT										

Full Name (Last, First, Middle Initial) <b>C. RYAN WILSON</b>		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>06</td> <td></td> <td>17</td> <td></td> <td>2016</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	06		17		2016
M M M	/	D D D	/	Y Y Y Y Y Y								
06		17		2016								
Mailing Address 1202 S. WASHINGTON ST. APT. #302		<b>Transaction ID : SA17.339063</b>										
City ALEXANDRIA	State VA	Zip Code 22314-4443										
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1.00										
Name of Employer RETIRED	Occupation RETIRED	<input type="checkbox"/> Memo Item CONTRIBUTION										
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 328.00	NON CONTRIBUTION ACCOUNT										

**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 745 OF 2173

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. RYAN WILSON**

Mailing Address 1202 S. WASHINGTON ST.  
 APT. #302

City	State	Zip Code
ALEXANDRIA	VA	22314-4443

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

328.00

Date of Receipt

**06** / **17** / **2016**

**Transaction ID : SA17.339064**

Amount of Each Receipt this Period

1.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**B. RYAN WILSON**

Mailing Address 1202 S. WASHINGTON ST.  
 APT. #302

City	State	Zip Code
ALEXANDRIA	VA	22314-4443

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

328.00

Date of Receipt

**06** / **17** / **2016**

**Transaction ID : SA17.339065**

Amount of Each Receipt this Period

1.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**C. RYAN WILSON**

Mailing Address 1202 S. WASHINGTON ST.  
 APT. #302

City	State	Zip Code
ALEXANDRIA	VA	22314-4443

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

328.00

Date of Receipt

**06** / **17** / **2016**

**Transaction ID : SA17.339066**

Amount of Each Receipt this Period

1.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

3.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 746 OF 2173

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

## **A. RYAN WILSON**

Mailing Address 1202 S. WASHINGTON ST.  
 APT. #302

City State Zip Code  
 ALEXANDRIA VA 22314-4443

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

328.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 17 / 2016

Transaction ID : SA17.339068

Amount of Each Receipt this Period

1.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

## **B. RYAN WILSON**

Mailing Address 1202 S. WASHINGTON ST.  
 APT. #302

City State Zip Code  
 ALEXANDRIA VA 22314-4443

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

328.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 17 / 2016

Transaction ID : SA17.339069

Amount of Each Receipt this Period

1.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

## **C. RYAN WILSON**

Mailing Address 1202 S. WASHINGTON ST.  
 APT. #302

City State Zip Code  
 ALEXANDRIA VA 22314-4443

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

328.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 20 / 2016

Transaction ID : SA17.339071

Amount of Each Receipt this Period

1.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

3.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 747 OF 2173

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. RYAN WILSON**

Mailing Address 1202 S. WASHINGTON ST.  
APT. #302

City	State	Zip Code
ALEXANDRIA	VA	22314-4443

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

328.00

Date of Receipt

**06** / **20** / **2016**

Transaction ID : SA17.339072

Amount of Each Receipt this Period

1.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**B. RYAN WILSON**

Mailing Address 1202 S. WASHINGTON ST.  
APT. #302

City	State	Zip Code
ALEXANDRIA	VA	22314-4443

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

328.00

Date of Receipt

**06** / **20** / **2016**

Transaction ID : SA17.339073

Amount of Each Receipt this Period

1.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**C. RYAN WILSON**

Mailing Address 1202 S. WASHINGTON ST.  
APT. #302

City	State	Zip Code
ALEXANDRIA	VA	22314-4443

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

328.00

Date of Receipt

**06** / **21** / **2016**

Transaction ID : SA17.339074

Amount of Each Receipt this Period

1.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

3.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 748 OF 2173

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. RYAN WILSON**Mailing Address 1202 S. WASHINGTON ST.  
APT. #302

City	State	Zip Code
ALEXANDRIA	VA	22314-4443

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

328.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	21	/	2016

Transaction ID : SA17.339075

Amount of Each Receipt this Period

1.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**B. RYAN WILSON**Mailing Address 1202 S. WASHINGTON ST.  
APT. #302

City	State	Zip Code
ALEXANDRIA	VA	22314-4443

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

328.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	21	/	2016

Transaction ID : SA17.339076

Amount of Each Receipt this Period

1.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**C. RYAN WILSON**Mailing Address 1202 S. WASHINGTON ST.  
APT. #302

City	State	Zip Code
ALEXANDRIA	VA	22314-4443

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

328.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	21	/	2016

Transaction ID : SA17.339077

Amount of Each Receipt this Period

1.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

3.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 749 OF 2173

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

## **A. RYAN WILSON**

Mailing Address 1202 S. WASHINGTON ST.  
 APT. #302

City State Zip Code  
 ALEXANDRIA VA 22314-4443

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

328.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 21 / 2016

Transaction ID : SA17.339078

Amount of Each Receipt this Period

1.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

## **B. RYAN WILSON**

Mailing Address 1202 S. WASHINGTON ST.  
 APT. #302

City State Zip Code  
 ALEXANDRIA VA 22314-4443

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

328.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 21 / 2016

Transaction ID : SA17.339079

Amount of Each Receipt this Period

1.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

## **C. RYAN WILSON**

Mailing Address 1202 S. WASHINGTON ST.  
 APT. #302

City State Zip Code  
 ALEXANDRIA VA 22314-4443

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

328.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 21 / 2016

Transaction ID : SA17.339080

Amount of Each Receipt this Period

1.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

3.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 750 OF 2173

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. RYAN WILSON**

Mailing Address 1202 S. WASHINGTON ST.  
 APT. #302

City	State	Zip Code
ALEXANDRIA	VA	22314-4443

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

328.00

Date of Receipt

**06 / 21 / 2016**

**Transaction ID : SA17.339081**

Amount of Each Receipt this Period

1.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**B. RYAN WILSON**

Mailing Address 1202 S. WASHINGTON ST.  
 APT. #302

City	State	Zip Code
ALEXANDRIA	VA	22314-4443

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

328.00

Date of Receipt

**06 / 21 / 2016**

**Transaction ID : SA17.339082**

Amount of Each Receipt this Period

1.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**C. RYAN WILSON**

Mailing Address 1202 S. WASHINGTON ST.  
 APT. #302

City	State	Zip Code
ALEXANDRIA	VA	22314-4443

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

328.00

Date of Receipt

**06 / 21 / 2016**

**Transaction ID : SA17.339083**

Amount of Each Receipt this Period

1.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

3.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

<p>Full Name (Last, First, Middle Initial)  <b>A. RYAN WILSON</b></p> <p>Mailing Address 1202 S. WASHINGTON ST.  APT. #302</p> <p>City State Zip Code  ALEXANDRIA VA 22314-4443</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation  RETIRED RETIRED</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">328.00</span></p>			<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">06</span> / <span style="border: 1px solid black; padding: 2px;">21</span> / <span style="border: 1px solid black; padding: 2px;">2016</span></p> <p><b>Transaction ID : SA17.339084</b></p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">1.00</span></p> <p><input type="checkbox"/> Memo Item  CONTRIBUTION</p> <p>NON CONTRIBUTION ACCOUNT</p>		
<p>Full Name (Last, First, Middle Initial)  <b>B. RYAN WILSON</b></p> <p>Mailing Address 1202 S. WASHINGTON ST.  APT. #302</p> <p>City State Zip Code  ALEXANDRIA VA 22314-4443</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation  RETIRED RETIRED</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">328.00</span></p>			<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">06</span> / <span style="border: 1px solid black; padding: 2px;">21</span> / <span style="border: 1px solid black; padding: 2px;">2016</span></p> <p><b>Transaction ID : SA17.339085</b></p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">1.00</span></p> <p><input type="checkbox"/> Memo Item  CONTRIBUTION</p> <p>NON CONTRIBUTION ACCOUNT</p>		
<p>Full Name (Last, First, Middle Initial)  <b>C. RYAN WILSON</b></p> <p>Mailing Address 1202 S. WASHINGTON ST.  APT. #302</p> <p>City State Zip Code  ALEXANDRIA VA 22314-4443</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation  RETIRED RETIRED</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">328.00</span></p>			<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">06</span> / <span style="border: 1px solid black; padding: 2px;">21</span> / <span style="border: 1px solid black; padding: 2px;">2016</span></p> <p><b>Transaction ID : SA17.339086</b></p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">1.00</span></p> <p><input type="checkbox"/> Memo Item  CONTRIBUTION</p> <p>NON CONTRIBUTION ACCOUNT</p>		
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>			<span style="border: 1px solid black; padding: 2px;">3.00</span>		
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>			<span style="border: 1px solid black; padding: 2px;"></span>		

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 752 OF 2173

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**Full Name (Last, First, Middle Initial)  
**A. RYAN WILSON**Mailing Address 1202 S. WASHINGTON ST.  
APT. #302

City	State	Zip Code
ALEXANDRIA	VA	22314-4443

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

328.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	21	/	2016

Transaction ID : SA17.339087

Amount of Each Receipt this Period

1.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)  
**B. RYAN WILSON**Mailing Address 1202 S. WASHINGTON ST.  
APT. #302

City	State	Zip Code
ALEXANDRIA	VA	22314-4443

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

328.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	21	/	2016

Transaction ID : SA17.339088

Amount of Each Receipt this Period

1.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)  
**C. RYAN WILSON**Mailing Address 1202 S. WASHINGTON ST.  
APT. #302

City	State	Zip Code
ALEXANDRIA	VA	22314-4443

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

328.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	21	/	2016

Transaction ID : SA17.339089

Amount of Each Receipt this Period

1.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

3.00



PAGE 753 OF 2173

<div style="border: 1px solid black; width: 30px; height: 30px;"></div>	11a	<div style="border: 1px solid black; width: 30px; height: 30px;"></div>	11b	<div style="border: 1px solid black; width: 30px; height: 30px;"></div>	11c	<div style="border: 1px solid black; width: 30px; height: 30px;"></div>	12	
<div style="border: 1px solid black; width: 30px; height: 30px;"></div>	13	<div style="border: 1px solid black; width: 30px; height: 30px;"></div>	14	<div style="border: 1px solid black; width: 30px; height: 30px;"></div>	15	<div style="border: 1px solid black; width: 30px; height: 30px;"></div>	16	<div style="border: 1px solid black; padding: 2px;">X</div> 17

NAME OF COMMITTEE (In Full)  
GREAT AMERICA PAC

NON CONTRIBUTION ACCOUNT

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 754 OF 2173

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial) <b>A. RYAN WILSON</b>			Date of Receipt <div> <div>M M / D D / Y Y Y Y Y Y</div> <div>06 / 24 / 2016</div> </div>	
Mailing Address 1202 S. WASHINGTON ST. APT. #302			<b>Transaction ID : SA17.339096</b>	
City ALEXANDRIA	State VA	Zip Code 22314-4443	Amount of Each Receipt this Period <div> <div>1.00</div> </div>	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item CONTRIBUTION		
Name of Employer RETIRED		Occupation RETIRED		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <div> <div>328.00</div> </div>		
			NON CONTRIBUTION ACCOUNT	

Full Name (Last, First, Middle Initial) <b>B. RYAN WILSON</b>			Date of Receipt <div> <div>M M / D D / Y Y Y Y Y Y</div> <div>06 / 24 / 2016</div> </div>	
Mailing Address 1202 S. WASHINGTON ST. APT. #302			<b>Transaction ID : SA17.339097</b>	
City ALEXANDRIA	State VA	Zip Code 22314-4443	Amount of Each Receipt this Period <div> <div>1.00</div> </div>	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item CONTRIBUTION		
Name of Employer RETIRED		Occupation RETIRED		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <div> <div>328.00</div> </div>		
			NON CONTRIBUTION ACCOUNT	

Full Name (Last, First, Middle Initial) <b>C. RYAN WILSON</b>			Date of Receipt <div> <div>M M / D D / Y Y Y Y Y Y</div> <div>06 / 24 / 2016</div> </div>	
Mailing Address 1202 S. WASHINGTON ST. APT. #302			<b>Transaction ID : SA17.339098</b>	
City ALEXANDRIA	State VA	Zip Code 22314-4443	Amount of Each Receipt this Period <div> <div>1.00</div> </div>	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item CONTRIBUTION		
Name of Employer RETIRED		Occupation RETIRED		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <div> <div>328.00</div> </div>		
			NON CONTRIBUTION ACCOUNT	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<div> <div>3.00</div> </div>
<b>TOTAL</b> This Period (last page this line number only).....▶	<div> <div></div> </div>

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 755 OF 2173

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17
------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	--

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. RYAN WILSON**Mailing Address 1202 S. WASHINGTON ST.  
APT. #302

City	State	Zip Code
ALEXANDRIA	VA	22314-4443

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

328.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	24	/	2016

Transaction ID : SA17.339099

Amount of Each Receipt this Period

1.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**B. RYAN WILSON**Mailing Address 1202 S. WASHINGTON ST.  
APT. #302

City	State	Zip Code
ALEXANDRIA	VA	22314-4443

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

328.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	24	/	2016

Transaction ID : SA17.339100

Amount of Each Receipt this Period

1.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**C. RYAN WILSON**Mailing Address 1202 S. WASHINGTON ST.  
APT. #302

City	State	Zip Code
ALEXANDRIA	VA	22314-4443

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

328.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	24	/	2016

Transaction ID : SA17.339101

Amount of Each Receipt this Period

1.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

3.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 756 OF 2173

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial) <b>A. RYAN WILSON</b>		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>06</td> <td></td> <td>27</td> <td></td> <td>2016</td> </tr> </table> <b>Transaction ID : SA17.339102</b>	M M M	/	D D D	/	Y Y Y Y Y Y	06		27		2016
M M M	/	D D D	/	Y Y Y Y Y Y								
06		27		2016								
Mailing Address 1202 S. WASHINGTON ST. APT. #302		Amount of Each Receipt this Period <table border="1"> <tr> <td>1.00</td> </tr> </table> <input type="checkbox"/> Memo Item CONTRIBUTION	1.00									
1.00												
City ALEXANDRIA	State VA	Zip Code 22314-4443										
FEC ID number of contributing federal political committee. C		NON CONTRIBUTION ACCOUNT										
Name of Employer RETIRED	Occupation RETIRED											
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <table border="1"> <tr> <td>328.00</td> </tr> </table>	328.00										
328.00												
Full Name (Last, First, Middle Initial) <b>B. RYAN WILSON</b>		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>06</td> <td></td> <td>27</td> <td></td> <td>2016</td> </tr> </table> <b>Transaction ID : SA17.339103</b>	M M M	/	D D D	/	Y Y Y Y Y Y	06		27		2016
M M M	/	D D D	/	Y Y Y Y Y Y								
06		27		2016								
Mailing Address 1202 S. WASHINGTON ST. APT. #302		Amount of Each Receipt this Period <table border="1"> <tr> <td>1.00</td> </tr> </table> <input type="checkbox"/> Memo Item CONTRIBUTION	1.00									
1.00												
City ALEXANDRIA	State VA	Zip Code 22314-4443										
FEC ID number of contributing federal political committee. C		NON CONTRIBUTION ACCOUNT										
Name of Employer RETIRED	Occupation RETIRED											
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <table border="1"> <tr> <td>328.00</td> </tr> </table>	328.00										
328.00												
Full Name (Last, First, Middle Initial) <b>C. RYAN WILSON</b>		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>06</td> <td></td> <td>27</td> <td></td> <td>2016</td> </tr> </table> <b>Transaction ID : SA17.339104</b>	M M M	/	D D D	/	Y Y Y Y Y Y	06		27		2016
M M M	/	D D D	/	Y Y Y Y Y Y								
06		27		2016								
Mailing Address 1202 S. WASHINGTON ST. APT. #302		Amount of Each Receipt this Period <table border="1"> <tr> <td>1.00</td> </tr> </table> <input type="checkbox"/> Memo Item CONTRIBUTION	1.00									
1.00												
City ALEXANDRIA	State VA	Zip Code 22314-4443										
FEC ID number of contributing federal political committee. C		NON CONTRIBUTION ACCOUNT										
Name of Employer RETIRED	Occupation RETIRED											
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <table border="1"> <tr> <td>328.00</td> </tr> </table>	328.00										
328.00												
<b>SUBTOTAL</b> of Receipts This Page (optional).....▶		<table border="1"> <tr> <td>3.00</td> </tr> </table>	3.00									
3.00												
<b>TOTAL</b> This Period (last page this line number only).....▶		<table border="1"> <tr> <td></td> </tr> </table>										

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 757 OF 2173

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17
------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	--

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. RYAN WILSON**

Mailing Address 1202 S. WASHINGTON ST.  
 APT. #302

City	State	Zip Code
ALEXANDRIA	VA	22314-4443

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

328.00

Date of Receipt

**06** / **27** / **2016**

**Transaction ID : SA17.339106**

Amount of Each Receipt this Period

1.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**B. RYAN WILSON**

Mailing Address 1202 S. WASHINGTON ST.  
 APT. #302

City	State	Zip Code
ALEXANDRIA	VA	22314-4443

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

328.00

Date of Receipt

**06** / **27** / **2016**

**Transaction ID : SA17.339107**

Amount of Each Receipt this Period

1.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**C. RYAN WILSON**

Mailing Address 1202 S. WASHINGTON ST.  
 APT. #302

City	State	Zip Code
ALEXANDRIA	VA	22314-4443

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

328.00

Date of Receipt

**06** / **27** / **2016**

**Transaction ID : SA17.339109**

Amount of Each Receipt this Period

1.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

3.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 758 OF 2173

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17
------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	--

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. RYAN WILSON**Mailing Address 1202 S. WASHINGTON ST.  
APT. #302

City	State	Zip Code
ALEXANDRIA	VA	22314-4443

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

328.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	27	/	2016

Transaction ID : SA17.339110

Amount of Each Receipt this Period

1.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**B. RYAN WILSON**Mailing Address 1202 S. WASHINGTON ST.  
APT. #302

City	State	Zip Code
ALEXANDRIA	VA	22314-4443

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

328.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	27	/	2016

Transaction ID : SA17.339111

Amount of Each Receipt this Period

1.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**C. RYAN WILSON**Mailing Address 1202 S. WASHINGTON ST.  
APT. #302

City	State	Zip Code
ALEXANDRIA	VA	22314-4443

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

328.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	28	/	2016

Transaction ID : SA17.339112

Amount of Each Receipt this Period

1.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

3.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 759 OF 2173

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial) <b>A. RYAN WILSON</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 28 / 2016 <b>Transaction ID : SA17.339113</b>	
Mailing Address 1202 S. WASHINGTON ST. APT. #302		Amount of Each Receipt this Period 1.00	
City ALEXANDRIA	State VA	Zip Code 22314-4443	<input type="checkbox"/> Memo Item CONTRIBUTION
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 328.00	
Name of Employer RETIRED		Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		NON CONTRIBUTION ACCOUNT	
Full Name (Last, First, Middle Initial) <b>B. RYAN WILSON</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 28 / 2016 <b>Transaction ID : SA17.339114</b>	
Mailing Address 1202 S. WASHINGTON ST. APT. #302		Amount of Each Receipt this Period 1.00	
City ALEXANDRIA	State VA	Zip Code 22314-4443	<input type="checkbox"/> Memo Item CONTRIBUTION
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 328.00	
Name of Employer RETIRED		Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		NON CONTRIBUTION ACCOUNT	
Full Name (Last, First, Middle Initial) <b>C. RYAN WILSON</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 28 / 2016 <b>Transaction ID : SA17.339115</b>	
Mailing Address 1202 S. WASHINGTON ST. APT. #302		Amount of Each Receipt this Period 1.00	
City ALEXANDRIA	State VA	Zip Code 22314-4443	<input type="checkbox"/> Memo Item CONTRIBUTION
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 328.00	
Name of Employer RETIRED		Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		NON CONTRIBUTION ACCOUNT	
<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶		3.00	
<b>TOTAL</b> This Period (last page this line number only)..... ▶			

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 760 OF 2173

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. RYAN WILSON**Mailing Address 1202 S. WASHINGTON ST.  
APT. #302

City	State	Zip Code
ALEXANDRIA	VA	22314-4443

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

328.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	28	/	2016

Transaction ID : SA17.339116

Amount of Each Receipt this Period

1.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**B. RYAN WILSON**Mailing Address 1202 S. WASHINGTON ST.  
APT. #302

City	State	Zip Code
ALEXANDRIA	VA	22314-4443

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

328.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	28	/	2016

Transaction ID : SA17.339117

Amount of Each Receipt this Period

1.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**C. RYAN WILSON**Mailing Address 1202 S. WASHINGTON ST.  
APT. #302

City	State	Zip Code
ALEXANDRIA	VA	22314-4443

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

328.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	28	/	2016

Transaction ID : SA17.339118

Amount of Each Receipt this Period

1.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

3.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 761 OF 2173

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial) <b>A. RYAN WILSON</b>		Date of Receipt <div> <div>MM / DD / YYYY</div> <div>06 / 28 / 2016</div> </div>
Mailing Address 1202 S. WASHINGTON ST. APT. #302		<b>Transaction ID : SA17.339119</b>
City ALEXANDRIA	State VA	Zip Code 22314-4443
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period <div> <div>1.00</div> </div>
Name of Employer RETIRED	Occupation RETIRED	<input type="checkbox"/> Memo Item CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <div> <div>328.00</div> </div>	NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial) <b>B. RYAN WILSON</b>		Date of Receipt <div> <div>MM / DD / YYYY</div> <div>06 / 28 / 2016</div> </div>
Mailing Address 1202 S. WASHINGTON ST. APT. #302		<b>Transaction ID : SA17.339120</b>
City ALEXANDRIA	State VA	Zip Code 22314-4443
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period <div> <div>1.00</div> </div>
Name of Employer RETIRED	Occupation RETIRED	<input type="checkbox"/> Memo Item CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <div> <div>328.00</div> </div>	NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial) <b>C. RYAN WILSON</b>		Date of Receipt <div> <div>MM / DD / YYYY</div> <div>06 / 28 / 2016</div> </div>
Mailing Address 1202 S. WASHINGTON ST. APT. #302		<b>Transaction ID : SA17.339121</b>
City ALEXANDRIA	State VA	Zip Code 22314-4443
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period <div> <div>1.00</div> </div>
Name of Employer RETIRED	Occupation RETIRED	<input type="checkbox"/> Memo Item CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <div> <div>328.00</div> </div>	NON CONTRIBUTION ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

3.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 762 OF 2173

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. RYAN WILSON**

Mailing Address 1202 S. WASHINGTON ST.  
 APT. #302

City	State	Zip Code
ALEXANDRIA	VA	22314-4443

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

328.00

Date of Receipt

**06** / **28** / **2016**

**Transaction ID : SA17.339122**

Amount of Each Receipt this Period

1.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**B. RYAN WILSON**

Mailing Address 1202 S. WASHINGTON ST.  
 APT. #302

City	State	Zip Code
ALEXANDRIA	VA	22314-4443

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

328.00

Date of Receipt

**06** / **28** / **2016**

**Transaction ID : SA17.339123**

Amount of Each Receipt this Period

1.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**C. RYAN WILSON**

Mailing Address 1202 S. WASHINGTON ST.  
 APT. #302

City	State	Zip Code
ALEXANDRIA	VA	22314-4443

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

328.00

Date of Receipt

**06** / **28** / **2016**

**Transaction ID : SA17.339124**

Amount of Each Receipt this Period

1.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

3.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial) <b>A. RYAN WILSON</b>			Date of Receipt <div> <div>MM / DD / YYYY</div> <div>06 / 28 / 2016</div> </div>
Mailing Address 1202 S. WASHINGTON ST. APT. #302			<b>Transaction ID : SA17.339125</b>
City ALEXANDRIA	State VA	Zip Code 22314-4443	Amount of Each Receipt this Period <div> <div>Amount</div> <div>1.00</div> </div>
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item
Name of Employer RETIRED		Occupation RETIRED	CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <div> <div>Amount</div> <div>328.00</div> </div>	NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial) <b>B. RYAN WILSON</b>			Date of Receipt <div> <div>MM / DD / YYYY</div> <div>06 / 28 / 2016</div> </div>
Mailing Address 1202 S. WASHINGTON ST. APT. #302			<b>Transaction ID : SA17.339126</b>
City ALEXANDRIA	State VA	Zip Code 22314-4443	Amount of Each Receipt this Period <div> <div>Amount</div> <div>1.00</div> </div>
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item
Name of Employer RETIRED		Occupation RETIRED	CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <div> <div>Amount</div> <div>328.00</div> </div>	NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial) <b>C. RYAN WILSON</b>			Date of Receipt <div> <div>MM / DD / YYYY</div> <div>06 / 28 / 2016</div> </div>
Mailing Address 1202 S. WASHINGTON ST. APT. #302			<b>Transaction ID : SA17.339127</b>
City ALEXANDRIA	State VA	Zip Code 22314-4443	Amount of Each Receipt this Period <div> <div>Amount</div> <div>1.00</div> </div>
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item
Name of Employer RETIRED		Occupation RETIRED	CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <div> <div>Amount</div> <div>328.00</div> </div>	NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<div> <div>Amount</div> <div>3.00</div> </div>
<b>TOTAL</b> This Period (last page this line number only).....▶	<div> <div>Amount</div> <div></div> </div>

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 764 OF 2173

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial) <b>A. RYAN WILSON</b>		Date of Receipt <div> <div>M M / D D / Y Y Y Y Y Y</div> <div>06 / 28 / 2016</div> </div>
Mailing Address 1202 S. WASHINGTON ST. APT. #302		<b>Transaction ID : SA17.339128</b>
City ALEXANDRIA	State VA	Zip Code 22314-4443
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period <div> <div>1.00</div> </div>
Name of Employer RETIRED	Occupation RETIRED	<input type="checkbox"/> Memo Item CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <div> <div>328.00</div> </div>	NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial) <b>B. RYAN WILSON</b>		Date of Receipt <div> <div>M M / D D / Y Y Y Y Y Y</div> <div>06 / 28 / 2016</div> </div>
Mailing Address 1202 S. WASHINGTON ST. APT. #302		<b>Transaction ID : SA17.339129</b>
City ALEXANDRIA	State VA	Zip Code 22314-4443
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period <div> <div>1.00</div> </div>
Name of Employer RETIRED	Occupation RETIRED	<input type="checkbox"/> Memo Item CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <div> <div>328.00</div> </div>	NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial) <b>C. RYAN WILSON</b>		Date of Receipt <div> <div>M M / D D / Y Y Y Y Y Y</div> <div>06 / 28 / 2016</div> </div>
Mailing Address 1202 S. WASHINGTON ST. APT. #302		<b>Transaction ID : SA17.339131</b>
City ALEXANDRIA	State VA	Zip Code 22314-4443
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period <div> <div>1.00</div> </div>
Name of Employer RETIRED	Occupation RETIRED	<input type="checkbox"/> Memo Item CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <div> <div>328.00</div> </div>	NON CONTRIBUTION ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

3.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 765 OF 2173

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17
------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	--

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial) <b>A. RYAN WILSON</b>		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>06</td> <td></td> <td>28</td> <td></td> <td>2016</td> </tr> </table> <b>Transaction ID : SA17.339132</b>	M M M	/	D D D	/	Y Y Y Y Y Y	06		28		2016
M M M	/	D D D	/	Y Y Y Y Y Y								
06		28		2016								
Mailing Address 1202 S. WASHINGTON ST. APT. #302		Amount of Each Receipt this Period <table border="1"> <tr> <td>1.00</td> </tr> </table> <input type="checkbox"/> Memo Item CONTRIBUTION	1.00									
1.00												
City ALEXANDRIA	State VA	Zip Code 22314-4443										
FEC ID number of contributing federal political committee. C		NON CONTRIBUTION ACCOUNT										
Name of Employer RETIRED	Occupation RETIRED											
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <table border="1"> <tr> <td>328.00</td> </tr> </table>	328.00										
328.00												
Full Name (Last, First, Middle Initial) <b>B. RYAN WILSON</b>		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>06</td> <td></td> <td>28</td> <td></td> <td>2016</td> </tr> </table> <b>Transaction ID : SA17.339133</b>	M M M	/	D D D	/	Y Y Y Y Y Y	06		28		2016
M M M	/	D D D	/	Y Y Y Y Y Y								
06		28		2016								
Mailing Address 1202 S. WASHINGTON ST. APT. #302		Amount of Each Receipt this Period <table border="1"> <tr> <td>1.00</td> </tr> </table> <input type="checkbox"/> Memo Item CONTRIBUTION	1.00									
1.00												
City ALEXANDRIA	State VA	Zip Code 22314-4443										
FEC ID number of contributing federal political committee. C		NON CONTRIBUTION ACCOUNT										
Name of Employer RETIRED	Occupation RETIRED											
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <table border="1"> <tr> <td>328.00</td> </tr> </table>	328.00										
328.00												
Full Name (Last, First, Middle Initial) <b>C. RYAN WILSON</b>		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>06</td> <td></td> <td>28</td> <td></td> <td>2016</td> </tr> </table> <b>Transaction ID : SA17.339134</b>	M M M	/	D D D	/	Y Y Y Y Y Y	06		28		2016
M M M	/	D D D	/	Y Y Y Y Y Y								
06		28		2016								
Mailing Address 1202 S. WASHINGTON ST. APT. #302		Amount of Each Receipt this Period <table border="1"> <tr> <td>1.00</td> </tr> </table> <input type="checkbox"/> Memo Item CONTRIBUTION	1.00									
1.00												
City ALEXANDRIA	State VA	Zip Code 22314-4443										
FEC ID number of contributing federal political committee. C		NON CONTRIBUTION ACCOUNT										
Name of Employer RETIRED	Occupation RETIRED											
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <table border="1"> <tr> <td>328.00</td> </tr> </table>	328.00										
328.00												
<b>SUBTOTAL</b> of Receipts This Page (optional).....▶		<table border="1"> <tr> <td>3.00</td> </tr> </table>	3.00									
3.00												
<b>TOTAL</b> This Period (last page this line number only).....▶		<table border="1"> <tr> <td></td> </tr> </table>										

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 766 OF 2173

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. RYAN WILSON**Mailing Address 1202 S. WASHINGTON ST.  
APT. #302

City	State	Zip Code
ALEXANDRIA	VA	22314-4443

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

328.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		28		2016

Transaction ID : SA17.339136

Amount of Each Receipt this Period

1.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**B. RYAN WILSON**Mailing Address 1202 S. WASHINGTON ST.  
APT. #302

City	State	Zip Code
ALEXANDRIA	VA	22314-4443

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

328.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		28		2016

Transaction ID : SA17.339137

Amount of Each Receipt this Period

1.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**C. RYAN WILSON**Mailing Address 1202 S. WASHINGTON ST.  
APT. #302

City	State	Zip Code
ALEXANDRIA	VA	22314-4443

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

328.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		28		2016

Transaction ID : SA17.339138

Amount of Each Receipt this Period

1.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

3.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

<p>Full Name (Last, First, Middle Initial) <b>A. RYAN WILSON</b></p> <p>Mailing Address 1202 S. WASHINGTON ST. APT. #302</p> <p>City ALEXANDRIA State VA Zip Code 22314-4443</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer RETIRED Occupation RETIRED</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼         </p>		<p>Date of Receipt  <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> <span>M M / D D / Y Y Y Y Y Y</span> </div> 06 / 28 / 2016         </p> <p><b>Transaction ID : SA17.339139</b></p> <p>Amount of Each Receipt this Period  <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> <span></span> <span>1.00</span> </div> </p> <p><input type="checkbox"/> Memo Item CONTRIBUTION</p> <p>NON CONTRIBUTION ACCOUNT</p>
<p>Full Name (Last, First, Middle Initial) <b>B. RYAN WILSON</b></p> <p>Mailing Address 1202 S. WASHINGTON ST. APT. #302</p> <p>City ALEXANDRIA State VA Zip Code 22314-4443</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer RETIRED Occupation RETIRED</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼         </p>		<p>Date of Receipt  <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> <span>M M / D D / Y Y Y Y Y Y</span> </div> 06 / 28 / 2016         </p> <p><b>Transaction ID : SA17.339141</b></p> <p>Amount of Each Receipt this Period  <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> <span></span> <span>1.00</span> </div> </p> <p><input type="checkbox"/> Memo Item CONTRIBUTION</p> <p>NON CONTRIBUTION ACCOUNT</p>
<p>Full Name (Last, First, Middle Initial) <b>C. RYAN WILSON</b></p> <p>Mailing Address 1202 S. WASHINGTON ST. APT. #302</p> <p>City ALEXANDRIA State VA Zip Code 22314-4443</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer RETIRED Occupation RETIRED</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼         </p>		<p>Date of Receipt  <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> <span>M M / D D / Y Y Y Y Y Y</span> </div> 06 / 29 / 2016         </p> <p><b>Transaction ID : SA17.339142</b></p> <p>Amount of Each Receipt this Period  <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> <span></span> <span>1.00</span> </div> </p> <p><input type="checkbox"/> Memo Item CONTRIBUTION</p> <p>NON CONTRIBUTION ACCOUNT</p>
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>		<div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> <span></span> <span>3.00</span> </div>
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>		<div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> <span></span> <span></span> </div>

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial) <b>A. RYAN WILSON</b>		Date of Receipt <div> <div>MM / DD / YYYY</div> <div>06 / 29 / 2016</div> </div>	
Mailing Address 1202 S. WASHINGTON ST. APT. #302		<b>Transaction ID : SA17.339143</b>	
City ALEXANDRIA	State VA	Zip Code 22314-4443	Amount of Each Receipt this Period <div> <div>1.00</div> </div>
FEC ID number of contributing federal political committee. <div>C</div>		<input type="checkbox"/> Memo Item CONTRIBUTION	
Name of Employer RETIRED	Occupation RETIRED	NON CONTRIBUTION ACCOUNT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <div>328.00</div>		
Full Name (Last, First, Middle Initial) <b>B. RYAN WILSON</b>		Date of Receipt <div> <div>MM / DD / YYYY</div> <div>06 / 29 / 2016</div> </div>	
Mailing Address 1202 S. WASHINGTON ST. APT. #302		<b>Transaction ID : SA17.339144</b>	
City ALEXANDRIA	State VA	Zip Code 22314-4443	Amount of Each Receipt this Period <div> <div>1.00</div> </div>
FEC ID number of contributing federal political committee. <div>C</div>		<input type="checkbox"/> Memo Item CONTRIBUTION	
Name of Employer RETIRED	Occupation RETIRED	NON CONTRIBUTION ACCOUNT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <div>328.00</div>		
Full Name (Last, First, Middle Initial) <b>C. RYAN WILSON</b>		Date of Receipt <div> <div>MM / DD / YYYY</div> <div>06 / 29 / 2016</div> </div>	
Mailing Address 1202 S. WASHINGTON ST. APT. #302		<b>Transaction ID : SA17.339145</b>	
City ALEXANDRIA	State VA	Zip Code 22314-4443	Amount of Each Receipt this Period <div> <div>1.00</div> </div>
FEC ID number of contributing federal political committee. <div>C</div>		<input type="checkbox"/> Memo Item CONTRIBUTION	
Name of Employer RETIRED	Occupation RETIRED	NON CONTRIBUTION ACCOUNT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <div>328.00</div>		
<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶		<div>3.00</div>	
<b>TOTAL</b> This Period (last page this line number only)..... ▶		<div></div>	



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 769 OF 2173

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial) <b>A. RYAN WILSON</b>			Date of Receipt <div> <div>MM / DD / YYYY</div> <div>06 / 29 / 2016</div> </div>
Mailing Address 1202 S. WASHINGTON ST. APT. #302			<b>Transaction ID : SA17.339146</b>
City ALEXANDRIA	State VA	Zip Code 22314-4443	Amount of Each Receipt this Period <div> <div>Amount</div> <div>1.00</div> </div>
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item
Name of Employer RETIRED		Occupation RETIRED	CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <div> <div>Amount</div> <div>328.00</div> </div>	NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial) <b>B. RYAN WILSON</b>			Date of Receipt <div> <div>MM / DD / YYYY</div> <div>06 / 29 / 2016</div> </div>
Mailing Address 1202 S. WASHINGTON ST. APT. #302			<b>Transaction ID : SA17.339147</b>
City ALEXANDRIA	State VA	Zip Code 22314-4443	Amount of Each Receipt this Period <div> <div>Amount</div> <div>1.00</div> </div>
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item
Name of Employer RETIRED		Occupation RETIRED	CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <div> <div>Amount</div> <div>328.00</div> </div>	NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial) <b>C. RYAN WILSON</b>			Date of Receipt <div> <div>MM / DD / YYYY</div> <div>06 / 29 / 2016</div> </div>
Mailing Address 1202 S. WASHINGTON ST. APT. #302			<b>Transaction ID : SA17.339148</b>
City ALEXANDRIA	State VA	Zip Code 22314-4443	Amount of Each Receipt this Period <div> <div>Amount</div> <div>1.00</div> </div>
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item
Name of Employer RETIRED		Occupation RETIRED	CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <div> <div>Amount</div> <div>328.00</div> </div>	NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<div> <div>Amount</div> <div>3.00</div> </div>
<b>TOTAL</b> This Period (last page this line number only).....▶	<div> <div>Amount</div> <div></div> </div>

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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Full Name (Last, First, Middle Initial) <b>A. RYAN WILSON</b>		Date of Receipt <div> <div>MM / DD / YYYY</div> <div>06 / 29 / 2016</div> </div>	
Mailing Address 1202 S. WASHINGTON ST. APT. #302		<b>Transaction ID : SA17.339149</b>	
City ALEXANDRIA	State VA	Zip Code 22314-4443	Amount of Each Receipt this Period <div> <div>1.00</div> </div>
FEC ID number of contributing federal political committee. <div>C</div>		<input type="checkbox"/> Memo Item CONTRIBUTION	
Name of Employer RETIRED	Occupation RETIRED	NON CONTRIBUTION ACCOUNT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <div>328.00</div>		

  

Full Name (Last, First, Middle Initial) <b>B. RYAN WILSON</b>		Date of Receipt <div> <div>MM / DD / YYYY</div> <div>06 / 29 / 2016</div> </div>	
Mailing Address 1202 S. WASHINGTON ST. APT. #302		<b>Transaction ID : SA17.339150</b>	
City ALEXANDRIA	State VA	Zip Code 22314-4443	Amount of Each Receipt this Period <div> <div>1.00</div> </div>
FEC ID number of contributing federal political committee. <div>C</div>		<input type="checkbox"/> Memo Item CONTRIBUTION	
Name of Employer RETIRED	Occupation RETIRED	NON CONTRIBUTION ACCOUNT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <div>328.00</div>		

  

Full Name (Last, First, Middle Initial) <b>C. RYAN WILSON</b>		Date of Receipt <div> <div>MM / DD / YYYY</div> <div>06 / 29 / 2016</div> </div>	
Mailing Address 1202 S. WASHINGTON ST. APT. #302		<b>Transaction ID : SA17.339151</b>	
City ALEXANDRIA	State VA	Zip Code 22314-4443	Amount of Each Receipt this Period <div> <div>1.00</div> </div>
FEC ID number of contributing federal political committee. <div>C</div>		<input type="checkbox"/> Memo Item CONTRIBUTION	
Name of Employer RETIRED	Occupation RETIRED	NON CONTRIBUTION ACCOUNT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <div>328.00</div>		

  

<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶		<div>3.00</div>
<b>TOTAL</b> This Period (last page this line number only)..... ▶		

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 771 OF 2173

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input checked="" type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial) <b>A. RYAN WILSON</b>		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>06</td> <td></td> <td>29</td> <td></td> <td>2016</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	06		29		2016
M M M	/	D D D	/	Y Y Y Y Y Y								
06		29		2016								
Mailing Address 1202 S. WASHINGTON ST. APT. #302		<b>Transaction ID : SA17.339152</b>										
City ALEXANDRIA	State VA	Zip Code 22314-4443										
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period <table border="1"> <tr> <td>1.00</td> </tr> </table>	1.00									
1.00												
Name of Employer RETIRED	Occupation RETIRED	<input type="checkbox"/> Memo Item CONTRIBUTION										
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <table border="1"> <tr> <td>328.00</td> </tr> </table>	328.00	NON CONTRIBUTION ACCOUNT									
328.00												

Full Name (Last, First, Middle Initial) <b>B. RYAN WILSON</b>		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>06</td> <td></td> <td>30</td> <td></td> <td>2016</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	06		30		2016
M M M	/	D D D	/	Y Y Y Y Y Y								
06		30		2016								
Mailing Address 1202 S. WASHINGTON ST. APT. #302		<b>Transaction ID : SA17.339153</b>										
City ALEXANDRIA	State VA	Zip Code 22314-4443										
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period <table border="1"> <tr> <td>1.00</td> </tr> </table>	1.00									
1.00												
Name of Employer RETIRED	Occupation RETIRED	<input type="checkbox"/> Memo Item CONTRIBUTION										
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <table border="1"> <tr> <td>328.00</td> </tr> </table>	328.00	NON CONTRIBUTION ACCOUNT									
328.00												

Full Name (Last, First, Middle Initial) <b>C. RYAN WILSON</b>		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>06</td> <td></td> <td>30</td> <td></td> <td>2016</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	06		30		2016
M M M	/	D D D	/	Y Y Y Y Y Y								
06		30		2016								
Mailing Address 1202 S. WASHINGTON ST. APT. #302		<b>Transaction ID : SA17.339154</b>										
City ALEXANDRIA	State VA	Zip Code 22314-4443										
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period <table border="1"> <tr> <td>1.00</td> </tr> </table>	1.00									
1.00												
Name of Employer RETIRED	Occupation RETIRED	<input type="checkbox"/> Memo Item CONTRIBUTION										
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <table border="1"> <tr> <td>328.00</td> </tr> </table>	328.00	NON CONTRIBUTION ACCOUNT									
328.00												

**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial) <b>A. RYAN WILSON</b>		Date of Receipt <div> <div>MM / DD / YYYY</div> <div>06 / 30 / 2016</div> </div>	
Mailing Address 1202 S. WASHINGTON ST. APT. #302		<b>Transaction ID : SA17.339155</b>	
City ALEXANDRIA	State VA	Zip Code 22314-4443	Amount of Each Receipt this Period <div> <div>1.00</div> </div>
FEC ID number of contributing federal political committee. <div>C</div>		<input type="checkbox"/> Memo Item CONTRIBUTION	
Name of Employer RETIRED	Occupation RETIRED	NON CONTRIBUTION ACCOUNT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <div>328.00</div>		

  

Full Name (Last, First, Middle Initial) <b>B. RYAN WILSON</b>		Date of Receipt <div> <div>MM / DD / YYYY</div> <div>06 / 30 / 2016</div> </div>	
Mailing Address 1202 S. WASHINGTON ST. APT. #302		<b>Transaction ID : SA17.339156</b>	
City ALEXANDRIA	State VA	Zip Code 22314-4443	Amount of Each Receipt this Period <div> <div>1.00</div> </div>
FEC ID number of contributing federal political committee. <div>C</div>		<input type="checkbox"/> Memo Item CONTRIBUTION	
Name of Employer RETIRED	Occupation RETIRED	NON CONTRIBUTION ACCOUNT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <div>328.00</div>		

  

Full Name (Last, First, Middle Initial) <b>C. RYAN WILSON</b>		Date of Receipt <div> <div>MM / DD / YYYY</div> <div>06 / 30 / 2016</div> </div>	
Mailing Address 1202 S. WASHINGTON ST. APT. #302		<b>Transaction ID : SA17.339157</b>	
City ALEXANDRIA	State VA	Zip Code 22314-4443	Amount of Each Receipt this Period <div> <div>1.00</div> </div>
FEC ID number of contributing federal political committee. <div>C</div>		<input type="checkbox"/> Memo Item CONTRIBUTION	
Name of Employer RETIRED	Occupation RETIRED	NON CONTRIBUTION ACCOUNT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <div>328.00</div>		

  

<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶		<div>3.00</div>
<b>TOTAL</b> This Period (last page this line number only)..... ▶		

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 773 OF 2173

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial) <b>A. RYAN WILSON</b>		Date of Receipt <div> <div>MM / DD / YYYY</div> <div>06 / 30 / 2016</div> </div>	
Mailing Address 1202 S. WASHINGTON ST. APT. #302		<b>Transaction ID : SA17.339158</b>	
City ALEXANDRIA	State VA	Zip Code 22314-4443	Amount of Each Receipt this Period <div> <div>1.00</div> </div>
FEC ID number of contributing federal political committee. <div>C</div>		<input type="checkbox"/> Memo Item CONTRIBUTION	
Name of Employer RETIRED	Occupation RETIRED	NON CONTRIBUTION ACCOUNT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <div>328.00</div>		
Full Name (Last, First, Middle Initial) <b>B. RYAN WILSON</b>		Date of Receipt <div> <div>MM / DD / YYYY</div> <div>06 / 30 / 2016</div> </div>	
Mailing Address 1202 S. WASHINGTON ST. APT. #302		<b>Transaction ID : SA17.339159</b>	
City ALEXANDRIA	State VA	Zip Code 22314-4443	Amount of Each Receipt this Period <div> <div>1.00</div> </div>
FEC ID number of contributing federal political committee. <div>C</div>		<input type="checkbox"/> Memo Item CONTRIBUTION	
Name of Employer RETIRED	Occupation RETIRED	NON CONTRIBUTION ACCOUNT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <div>328.00</div>		
Full Name (Last, First, Middle Initial) <b>C. RYAN WILSON</b>		Date of Receipt <div> <div>MM / DD / YYYY</div> <div>06 / 30 / 2016</div> </div>	
Mailing Address 1202 S. WASHINGTON ST. APT. #302		<b>Transaction ID : SA17.339160</b>	
City ALEXANDRIA	State VA	Zip Code 22314-4443	Amount of Each Receipt this Period <div> <div>1.00</div> </div>
FEC ID number of contributing federal political committee. <div>C</div>		<input type="checkbox"/> Memo Item CONTRIBUTION	
Name of Employer RETIRED	Occupation RETIRED	NON CONTRIBUTION ACCOUNT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <div>328.00</div>		
<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶		<div>3.00</div>	
<b>TOTAL</b> This Period (last page this line number only)..... ▶		<div></div>	

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 774 OF 2173

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial) <b>A. RYAN WILSON</b>		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>06</td> <td>/</td> <td>30</td> <td>/</td> <td>2016</td> </tr> </table> <b>Transaction ID : SA17.339161</b>	M M M	/	D D D	/	Y Y Y Y Y Y	06	/	30	/	2016
M M M	/	D D D	/	Y Y Y Y Y Y								
06	/	30	/	2016								
Mailing Address 1202 S. WASHINGTON ST. APT. #302		Amount of Each Receipt this Period <table border="1"> <tr> <td>1.00</td> </tr> </table> <input type="checkbox"/> Memo Item CONTRIBUTION	1.00									
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City ALEXANDRIA	State VA	Zip Code 22314-4443										
FEC ID number of contributing federal political committee. C		NON CONTRIBUTION ACCOUNT										
Name of Employer RETIRED	Occupation RETIRED											
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <table border="1"> <tr> <td>328.00</td> </tr> </table>	328.00										
328.00												
Full Name (Last, First, Middle Initial) <b>B. RYAN WILSON</b>		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>06</td> <td>/</td> <td>30</td> <td>/</td> <td>2016</td> </tr> </table> <b>Transaction ID : SA17.339162</b>	M M M	/	D D D	/	Y Y Y Y Y Y	06	/	30	/	2016
M M M	/	D D D	/	Y Y Y Y Y Y								
06	/	30	/	2016								
Mailing Address 1202 S. WASHINGTON ST. APT. #302		Amount of Each Receipt this Period <table border="1"> <tr> <td>1.00</td> </tr> </table> <input type="checkbox"/> Memo Item CONTRIBUTION	1.00									
1.00												
City ALEXANDRIA	State VA	Zip Code 22314-4443										
FEC ID number of contributing federal political committee. C		NON CONTRIBUTION ACCOUNT										
Name of Employer RETIRED	Occupation RETIRED											
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <table border="1"> <tr> <td>328.00</td> </tr> </table>	328.00										
328.00												
Full Name (Last, First, Middle Initial) <b>C. RYAN WILSON</b>		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>06</td> <td>/</td> <td>30</td> <td>/</td> <td>2016</td> </tr> </table> <b>Transaction ID : SA17.339163</b>	M M M	/	D D D	/	Y Y Y Y Y Y	06	/	30	/	2016
M M M	/	D D D	/	Y Y Y Y Y Y								
06	/	30	/	2016								
Mailing Address 1202 S. WASHINGTON ST. APT. #302		Amount of Each Receipt this Period <table border="1"> <tr> <td>1.00</td> </tr> </table> <input type="checkbox"/> Memo Item CONTRIBUTION	1.00									
1.00												
City ALEXANDRIA	State VA	Zip Code 22314-4443										
FEC ID number of contributing federal political committee. C		NON CONTRIBUTION ACCOUNT										
Name of Employer RETIRED	Occupation RETIRED											
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <table border="1"> <tr> <td>328.00</td> </tr> </table>	328.00										
328.00												
<b>SUBTOTAL</b> of Receipts This Page (optional).....▶		<table border="1"> <tr> <td>3.00</td> </tr> </table>	3.00									
3.00												
<b>TOTAL</b> This Period (last page this line number only).....▶		<table border="1"> <tr> <td></td> </tr> </table>										

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial) <b>A. RYAN WILSON</b>			Date of Receipt <div> <div>M M / D D / Y Y Y Y Y</div> <div>06 / 30 / 2016</div> </div>	
Mailing Address 1202 S. WASHINGTON ST. APT. #302			<b>Transaction ID : SA17.339164</b>	
City ALEXANDRIA	State VA	Zip Code 22314-4443	Amount of Each Receipt this Period <div> <div>1.00</div> </div>	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item CONTRIBUTION		
Name of Employer RETIRED		Occupation RETIRED		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <div> <div>328.00</div> </div>		
			NON CONTRIBUTION ACCOUNT	

Full Name (Last, First, Middle Initial) <b>B. RYAN WILSON</b>			Date of Receipt <div> <div>M M / D D / Y Y Y Y Y</div> <div>06 / 30 / 2016</div> </div>	
Mailing Address 1202 S. WASHINGTON ST. APT. #302			<b>Transaction ID : SA17.339165</b>	
City ALEXANDRIA	State VA	Zip Code 22314-4443	Amount of Each Receipt this Period <div> <div>1.00</div> </div>	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item CONTRIBUTION		
Name of Employer RETIRED		Occupation RETIRED		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <div> <div>328.00</div> </div>		
			NON CONTRIBUTION ACCOUNT	

Full Name (Last, First, Middle Initial) <b>C. RYAN WILSON</b>			Date of Receipt <div> <div>M M / D D / Y Y Y Y Y</div> <div>06 / 30 / 2016</div> </div>	
Mailing Address 1202 S. WASHINGTON ST. APT. #302			<b>Transaction ID : SA17.339166</b>	
City ALEXANDRIA	State VA	Zip Code 22314-4443	Amount of Each Receipt this Period <div> <div>1.00</div> </div>	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item CONTRIBUTION		
Name of Employer RETIRED		Occupation RETIRED		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <div> <div>328.00</div> </div>		
			NON CONTRIBUTION ACCOUNT	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<div> <div>3.00</div> </div>
<b>TOTAL</b> This Period (last page this line number only).....▶	<div> <div></div> </div>

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

<p>Full Name (Last, First, Middle Initial) <b>A. RYAN WILSON</b></p> <p>Mailing Address 1202 S. WASHINGTON ST. APT. #302</p> <p>City ALEXANDRIA State VA Zip Code 22314-4443</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer RETIRED Occupation RETIRED</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼         </p>			<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>            06 / 30 / 2016  <b>Transaction ID : SA17.339167</b> </p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">1.00</span> </p> <p><input type="checkbox"/> Memo Item CONTRIBUTION</p> <p>NON CONTRIBUTION ACCOUNT</p>		
<p>Full Name (Last, First, Middle Initial) <b>B. RYAN WILSON</b></p> <p>Mailing Address 1202 S. WASHINGTON ST. APT. #302</p> <p>City ALEXANDRIA State VA Zip Code 22314-4443</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer RETIRED Occupation RETIRED</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼         </p>			<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>            06 / 30 / 2016  <b>Transaction ID : SA17.339168</b> </p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">1.00</span> </p> <p><input type="checkbox"/> Memo Item CONTRIBUTION</p> <p>NON CONTRIBUTION ACCOUNT</p>		
<p>Full Name (Last, First, Middle Initial) <b>C. RYAN WILSON</b></p> <p>Mailing Address 1202 S. WASHINGTON ST. APT. #302</p> <p>City ALEXANDRIA State VA Zip Code 22314-4443</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer RETIRED Occupation RETIRED</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼         </p>			<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>            06 / 30 / 2016  <b>Transaction ID : SA17.339169</b> </p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">1.00</span> </p> <p><input type="checkbox"/> Memo Item CONTRIBUTION</p> <p>NON CONTRIBUTION ACCOUNT</p>		
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>			<p><span style="border: 1px solid black; padding: 2px;">3.00</span></p>		
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>			<p><span style="border: 1px solid black; padding: 2px;"></span></p>		



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 777 OF 2173

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. RYAN WILSON**Mailing Address 1202 S. WASHINGTON ST.  
APT. #302

City	State	Zip Code
ALEXANDRIA	VA	22314-4443

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

328.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2016

Transaction ID : SA17.339171

Amount of Each Receipt this Period

1.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**B. RYAN WILSON**Mailing Address 1202 S. WASHINGTON ST.  
APT. #302

City	State	Zip Code
ALEXANDRIA	VA	22314-4443

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

328.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2016

Transaction ID : SA17.339172

Amount of Each Receipt this Period

1.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**C. RYAN WILSON**Mailing Address 1202 S. WASHINGTON ST.  
APT. #302

City	State	Zip Code
ALEXANDRIA	VA	22314-4443

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

328.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2016

Transaction ID : SA17.339173

Amount of Each Receipt this Period

1.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

3.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 778 OF 2173

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. RYAN WILSON**

Mailing Address 1202 S. WASHINGTON ST.  
 APT. #302

City	State	Zip Code
ALEXANDRIA	VA	22314-4443

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

328.00

Date of Receipt

**06 / 03 / 2016**

**Transaction ID : SA17.355316**

Amount of Each Receipt this Period

1.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**B. RYAN WILSON**

Mailing Address 1202 S. WASHINGTON ST.  
 APT. #302

City	State	Zip Code
ALEXANDRIA	VA	22314-4443

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

328.00

Date of Receipt

**06 / 01 / 2016**

**Transaction ID : SA17.355317**

Amount of Each Receipt this Period

1.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**C. RYAN WILSON**

Mailing Address 1202 S. WASHINGTON ST.  
 APT. #302

City	State	Zip Code
ALEXANDRIA	VA	22314-4443

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

328.00

Date of Receipt

**06 / 01 / 2016**

**Transaction ID : SA17.355318**

Amount of Each Receipt this Period

1.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

3.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 779 OF 2173

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial) <b>A. RYAN WILSON</b>		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>06</td> <td>/</td> <td>02</td> <td>/</td> <td>2016</td> </tr> </table> <b>Transaction ID : SA17.355319</b>	M M M	/	D D D	/	Y Y Y Y Y Y	06	/	02	/	2016
M M M	/	D D D	/	Y Y Y Y Y Y								
06	/	02	/	2016								
Mailing Address 1202 S. WASHINGTON ST. APT. #302		Amount of Each Receipt this Period <table border="1"> <tr> <td>1.00</td> </tr> </table> <input type="checkbox"/> Memo Item CONTRIBUTION	1.00									
1.00												
City ALEXANDRIA	State VA	Zip Code 22314-4443										
FEC ID number of contributing federal political committee. C		NON CONTRIBUTION ACCOUNT										
Name of Employer RETIRED	Occupation RETIRED											
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <table border="1"> <tr> <td>328.00</td> </tr> </table>	328.00										
328.00												
Full Name (Last, First, Middle Initial) <b>B. RYAN WILSON</b>		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>06</td> <td>/</td> <td>02</td> <td>/</td> <td>2016</td> </tr> </table> <b>Transaction ID : SA17.355320</b>	M M M	/	D D D	/	Y Y Y Y Y Y	06	/	02	/	2016
M M M	/	D D D	/	Y Y Y Y Y Y								
06	/	02	/	2016								
Mailing Address 1202 S. WASHINGTON ST. APT. #302		Amount of Each Receipt this Period <table border="1"> <tr> <td>1.00</td> </tr> </table> <input type="checkbox"/> Memo Item CONTRIBUTION	1.00									
1.00												
City ALEXANDRIA	State VA	Zip Code 22314-4443										
FEC ID number of contributing federal political committee. C		NON CONTRIBUTION ACCOUNT										
Name of Employer RETIRED	Occupation RETIRED											
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <table border="1"> <tr> <td>328.00</td> </tr> </table>	328.00										
328.00												
Full Name (Last, First, Middle Initial) <b>C. RYAN WILSON</b>		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>06</td> <td>/</td> <td>02</td> <td>/</td> <td>2016</td> </tr> </table> <b>Transaction ID : SA17.355321</b>	M M M	/	D D D	/	Y Y Y Y Y Y	06	/	02	/	2016
M M M	/	D D D	/	Y Y Y Y Y Y								
06	/	02	/	2016								
Mailing Address 1202 S. WASHINGTON ST. APT. #302		Amount of Each Receipt this Period <table border="1"> <tr> <td>1.00</td> </tr> </table> <input type="checkbox"/> Memo Item CONTRIBUTION	1.00									
1.00												
City ALEXANDRIA	State VA	Zip Code 22314-4443										
FEC ID number of contributing federal political committee. C		NON CONTRIBUTION ACCOUNT										
Name of Employer RETIRED	Occupation RETIRED											
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <table border="1"> <tr> <td>328.00</td> </tr> </table>	328.00										
328.00												
<b>SUBTOTAL</b> of Receipts This Page (optional).....▶		<table border="1"> <tr> <td>3.00</td> </tr> </table>	3.00									
3.00												
<b>TOTAL</b> This Period (last page this line number only).....▶		<table border="1"> <tr> <td></td> </tr> </table>										

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 780 OF 2173

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)  
**A. RYAN WILSON**

Mailing Address 1202 S. WASHINGTON ST.  
 APT. #302

City State Zip Code  
 ALEXANDRIA VA 22314-4443

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

328.00

Date of Receipt

**06 / 02 / 2016**

**Transaction ID : SA17.355322**

Amount of Each Receipt this Period

1.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)  
**B. RYAN WILSON**

Mailing Address 1202 S. WASHINGTON ST.  
 APT. #302

City State Zip Code  
 ALEXANDRIA VA 22314-4443

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

328.00

Date of Receipt

**06 / 02 / 2016**

**Transaction ID : SA17.355323**

Amount of Each Receipt this Period

1.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)  
**C. RYAN WILSON**

Mailing Address 1202 S. WASHINGTON ST.  
 APT. #302

City State Zip Code  
 ALEXANDRIA VA 22314-4443

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

328.00

Date of Receipt

**06 / 02 / 2016**

**Transaction ID : SA17.355324**

Amount of Each Receipt this Period

1.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

3.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 781 OF 2173

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial) <b>A. RYAN WILSON</b>		Date of Receipt <div> <div>MM / DD / YYYY</div> <div>06 / 02 / 2016</div> </div> <b>Transaction ID : SA17.355325</b>	
Mailing Address 1202 S. WASHINGTON ST. APT. #302		Amount of Each Receipt this Period <div> <div>1.00</div> </div> <input type="checkbox"/> Memo Item CONTRIBUTION	
City ALEXANDRIA	State VA	Zip Code 22314-4443	NON CONTRIBUTION ACCOUNT
FEC ID number of contributing federal political committee. <div> <div>C</div> </div>		Amount of Each Receipt this Period <div> <div>1.00</div> </div> <input type="checkbox"/> Memo Item CONTRIBUTION	
Name of Employer RETIRED	Occupation RETIRED		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <div> <div>328.00</div> </div>	

  

Full Name (Last, First, Middle Initial) <b>B. RYAN WILSON</b>		Date of Receipt <div> <div>MM / DD / YYYY</div> <div>06 / 02 / 2016</div> </div> <b>Transaction ID : SA17.355326</b>	
Mailing Address 1202 S. WASHINGTON ST. APT. #302		Amount of Each Receipt this Period <div> <div>1.00</div> </div> <input type="checkbox"/> Memo Item CONTRIBUTION	
City ALEXANDRIA	State VA	Zip Code 22314-4443	NON CONTRIBUTION ACCOUNT
FEC ID number of contributing federal political committee. <div> <div>C</div> </div>		Amount of Each Receipt this Period <div> <div>1.00</div> </div> <input type="checkbox"/> Memo Item CONTRIBUTION	
Name of Employer RETIRED	Occupation RETIRED		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <div> <div>328.00</div> </div>	

  

Full Name (Last, First, Middle Initial) <b>C. RYAN WILSON</b>		Date of Receipt <div> <div>MM / DD / YYYY</div> <div>06 / 02 / 2016</div> </div> <b>Transaction ID : SA17.355327</b>	
Mailing Address 1202 S. WASHINGTON ST. APT. #302		Amount of Each Receipt this Period <div> <div>1.00</div> </div> <input type="checkbox"/> Memo Item CONTRIBUTION	
City ALEXANDRIA	State VA	Zip Code 22314-4443	NON CONTRIBUTION ACCOUNT
FEC ID number of contributing federal political committee. <div> <div>C</div> </div>		Amount of Each Receipt this Period <div> <div>1.00</div> </div> <input type="checkbox"/> Memo Item CONTRIBUTION	
Name of Employer RETIRED	Occupation RETIRED		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <div> <div>328.00</div> </div>	

  

<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶		<div> <div>3.00</div> </div>
<b>TOTAL</b> This Period (last page this line number only)..... ▶		<div> <div></div> </div>

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial) <b>A. RYAN WILSON</b>		Date of Receipt <div> <div>M M / D D / Y Y Y Y Y Y</div> <div>06 / 02 / 2016</div> </div>
Mailing Address 1202 S. WASHINGTON ST. APT. #302		<b>Transaction ID : SA17.355328</b>
City ALEXANDRIA	State VA	Zip Code 22314-4443
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period <div> <div>1.00</div> </div>
Name of Employer RETIRED	Occupation RETIRED	<input type="checkbox"/> Memo Item CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <div> <div>328.00</div> </div>	NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial) <b>B. RYAN WILSON</b>		Date of Receipt <div> <div>M M / D D / Y Y Y Y Y Y</div> <div>06 / 02 / 2016</div> </div>
Mailing Address 1202 S. WASHINGTON ST. APT. #302		<b>Transaction ID : SA17.355329</b>
City ALEXANDRIA	State VA	Zip Code 22314-4443
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period <div> <div>1.00</div> </div>
Name of Employer RETIRED	Occupation RETIRED	<input type="checkbox"/> Memo Item CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <div> <div>328.00</div> </div>	NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial) <b>C. RYAN WILSON</b>		Date of Receipt <div> <div>M M / D D / Y Y Y Y Y Y</div> <div>06 / 02 / 2016</div> </div>
Mailing Address 1202 S. WASHINGTON ST. APT. #302		<b>Transaction ID : SA17.355330</b>
City ALEXANDRIA	State VA	Zip Code 22314-4443
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period <div> <div>1.00</div> </div>
Name of Employer RETIRED	Occupation RETIRED	<input type="checkbox"/> Memo Item CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <div> <div>328.00</div> </div>	NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<div> <div>3.00</div> </div>
<b>TOTAL</b> This Period (last page this line number only).....▶	<div> <div></div> </div>

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 783 OF 2173

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. RYAN WILSON**

Mailing Address 1202 S. WASHINGTON ST.  
 APT. #302

City	State	Zip Code
ALEXANDRIA	VA	22314-4443

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

328.00

Date of Receipt

**06 / 02 / 2016**

**Transaction ID : SA17.355331**

Amount of Each Receipt this Period

1.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**B. RYAN WILSON**

Mailing Address 1202 S. WASHINGTON ST.  
 APT. #302

City	State	Zip Code
ALEXANDRIA	VA	22314-4443

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

328.00

Date of Receipt

**06 / 02 / 2016**

**Transaction ID : SA17.355332**

Amount of Each Receipt this Period

1.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**C. RYAN WILSON**

Mailing Address 1202 S. WASHINGTON ST.  
 APT. #302

City	State	Zip Code
ALEXANDRIA	VA	22314-4443

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

328.00

Date of Receipt

**06 / 02 / 2016**

**Transaction ID : SA17.355333**

Amount of Each Receipt this Period

1.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

3.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 784 OF 2173

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. RYAN WILSON**

Mailing Address 1202 S. WASHINGTON ST.  
APT. #302

City	State	Zip Code
ALEXANDRIA	VA	22314-4443

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

328.00

Date of Receipt

**06 / 02 / 2016**

**Transaction ID : SA17.355334**

Amount of Each Receipt this Period

1.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**B. RYAN WILSON**

Mailing Address 1202 S. WASHINGTON ST.  
APT. #302

City	State	Zip Code
ALEXANDRIA	VA	22314-4443

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

328.00

Date of Receipt

**06 / 02 / 2016**

**Transaction ID : SA17.355335**

Amount of Each Receipt this Period

1.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**C. RYAN WILSON**

Mailing Address 1202 S. WASHINGTON ST.  
APT. #302

City	State	Zip Code
ALEXANDRIA	VA	22314-4443

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

328.00

Date of Receipt

**06 / 02 / 2016**

**Transaction ID : SA17.355336**

Amount of Each Receipt this Period

1.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

3.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial) <b>A. RYAN WILSON</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 02 / 2016 <b>Transaction ID : SA17.355337</b>	
Mailing Address 1202 S. WASHINGTON ST. APT. #302		Amount of Each Receipt this Period 1.00	
City ALEXANDRIA	State VA	Zip Code 22314-4443	<input type="checkbox"/> Memo Item CONTRIBUTION
FEC ID number of contributing federal political committee. C		NON CONTRIBUTION ACCOUNT	
Name of Employer RETIRED	Occupation RETIRED	Aggregate Year-to-Date ▼ 328.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
Full Name (Last, First, Middle Initial) <b>B. RYAN WILSON</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 02 / 2016 <b>Transaction ID : SA17.355338</b>	
Mailing Address 1202 S. WASHINGTON ST. APT. #302		Amount of Each Receipt this Period 1.00	
City ALEXANDRIA	State VA	Zip Code 22314-4443	<input type="checkbox"/> Memo Item CONTRIBUTION
FEC ID number of contributing federal political committee. C		NON CONTRIBUTION ACCOUNT	
Name of Employer RETIRED	Occupation RETIRED	Aggregate Year-to-Date ▼ 328.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
Full Name (Last, First, Middle Initial) <b>C. RYAN WILSON</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 02 / 2016 <b>Transaction ID : SA17.355339</b>	
Mailing Address 1202 S. WASHINGTON ST. APT. #302		Amount of Each Receipt this Period 1.00	
City ALEXANDRIA	State VA	Zip Code 22314-4443	<input type="checkbox"/> Memo Item CONTRIBUTION
FEC ID number of contributing federal political committee. C		NON CONTRIBUTION ACCOUNT	
Name of Employer RETIRED	Occupation RETIRED	Aggregate Year-to-Date ▼ 328.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
<b>SUBTOTAL</b> of Receipts This Page (optional).....		3.00	
<b>TOTAL</b> This Period (last page this line number only).....			

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial) <b>A. RYAN WILSON</b>		Date of Receipt <div> <div>MM / DD / YYYY</div> <div>06 / 02 / 2016</div> </div>	
Mailing Address 1202 S. WASHINGTON ST. APT. #302		<b>Transaction ID : SA17.355340</b>	
City ALEXANDRIA	State VA	Zip Code 22314-4443	Amount of Each Receipt this Period <div> <div>1.00</div> </div>
FEC ID number of contributing federal political committee. <div>C</div>		<input type="checkbox"/> Memo Item CONTRIBUTION	
Name of Employer RETIRED	Occupation RETIRED	NON CONTRIBUTION ACCOUNT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <div>328.00</div>		
Full Name (Last, First, Middle Initial) <b>B. RYAN WILSON</b>		Date of Receipt <div> <div>MM / DD / YYYY</div> <div>06 / 02 / 2016</div> </div>	
Mailing Address 1202 S. WASHINGTON ST. APT. #302		<b>Transaction ID : SA17.355341</b>	
City ALEXANDRIA	State VA	Zip Code 22314-4443	Amount of Each Receipt this Period <div> <div>1.00</div> </div>
FEC ID number of contributing federal political committee. <div>C</div>		<input type="checkbox"/> Memo Item CONTRIBUTION	
Name of Employer RETIRED	Occupation RETIRED	NON CONTRIBUTION ACCOUNT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <div>328.00</div>		
Full Name (Last, First, Middle Initial) <b>C. RYAN WILSON</b>		Date of Receipt <div> <div>MM / DD / YYYY</div> <div>06 / 02 / 2016</div> </div>	
Mailing Address 1202 S. WASHINGTON ST. APT. #302		<b>Transaction ID : SA17.355342</b>	
City ALEXANDRIA	State VA	Zip Code 22314-4443	Amount of Each Receipt this Period <div> <div>1.00</div> </div>
FEC ID number of contributing federal political committee. <div>C</div>		<input type="checkbox"/> Memo Item CONTRIBUTION	
Name of Employer RETIRED	Occupation RETIRED	NON CONTRIBUTION ACCOUNT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <div>328.00</div>		
<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶		<div>3.00</div>	
<b>TOTAL</b> This Period (last page this line number only)..... ▶		<div></div>	

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 787 OF 2173

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial) <b>A. RYAN WILSON</b>			Date of Receipt <div> <div>M M / D D / Y Y Y Y Y Y</div> <div>06 / 03 / 2016</div> </div>
Mailing Address 1202 S. WASHINGTON ST. APT. #302			<b>Transaction ID : SA17.355343</b>
City ALEXANDRIA	State VA	Zip Code 22314-4443	Amount of Each Receipt this Period <div> <div>1.00</div> </div>
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item
Name of Employer RETIRED		Occupation RETIRED	CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <div> <div>328.00</div> </div>	NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial) <b>B. RYAN WILSON</b>			Date of Receipt <div> <div>M M / D D / Y Y Y Y Y Y</div> <div>06 / 03 / 2016</div> </div>
Mailing Address 1202 S. WASHINGTON ST. APT. #302			<b>Transaction ID : SA17.355344</b>
City ALEXANDRIA	State VA	Zip Code 22314-4443	Amount of Each Receipt this Period <div> <div>1.00</div> </div>
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item
Name of Employer RETIRED		Occupation RETIRED	CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <div> <div>328.00</div> </div>	NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial) <b>C. RYAN WILSON</b>			Date of Receipt <div> <div>M M / D D / Y Y Y Y Y Y</div> <div>06 / 03 / 2016</div> </div>
Mailing Address 1202 S. WASHINGTON ST. APT. #302			<b>Transaction ID : SA17.355345</b>
City ALEXANDRIA	State VA	Zip Code 22314-4443	Amount of Each Receipt this Period <div> <div>1.00</div> </div>
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item
Name of Employer RETIRED		Occupation RETIRED	CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <div> <div>328.00</div> </div>	NON CONTRIBUTION ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

3.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial) <b>A. RYAN WILSON</b>		Date of Receipt <div> <div>MM / DD / YYYY</div> <div>06 / 03 / 2016</div> </div>	
Mailing Address 1202 S. WASHINGTON ST. APT. #302		<b>Transaction ID : SA17.355346</b>	
City ALEXANDRIA	State VA	Zip Code 22314-4443	Amount of Each Receipt this Period <div> <div></div> <div>1.00</div> </div>
FEC ID number of contributing federal political committee. <div> <div>C</div> <div></div> </div>		<input type="checkbox"/> Memo Item CONTRIBUTION	
Name of Employer RETIRED	Occupation RETIRED	NON CONTRIBUTION ACCOUNT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <div> <div></div> <div>328.00</div> </div>		
Full Name (Last, First, Middle Initial) <b>B. RYAN WILSON</b>		Date of Receipt <div> <div>MM / DD / YYYY</div> <div>06 / 03 / 2016</div> </div>	
Mailing Address 1202 S. WASHINGTON ST. APT. #302		<b>Transaction ID : SA17.355347</b>	
City ALEXANDRIA	State VA	Zip Code 22314-4443	Amount of Each Receipt this Period <div> <div></div> <div>1.00</div> </div>
FEC ID number of contributing federal political committee. <div> <div>C</div> <div></div> </div>		<input type="checkbox"/> Memo Item CONTRIBUTION	
Name of Employer RETIRED	Occupation RETIRED	NON CONTRIBUTION ACCOUNT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <div> <div></div> <div>328.00</div> </div>		
Full Name (Last, First, Middle Initial) <b>C. RYAN WILSON</b>		Date of Receipt <div> <div>MM / DD / YYYY</div> <div>06 / 03 / 2016</div> </div>	
Mailing Address 1202 S. WASHINGTON ST. APT. #302		<b>Transaction ID : SA17.355348</b>	
City ALEXANDRIA	State VA	Zip Code 22314-4443	Amount of Each Receipt this Period <div> <div></div> <div>1.00</div> </div>
FEC ID number of contributing federal political committee. <div> <div>C</div> <div></div> </div>		<input type="checkbox"/> Memo Item CONTRIBUTION	
Name of Employer RETIRED	Occupation RETIRED	NON CONTRIBUTION ACCOUNT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <div> <div></div> <div>328.00</div> </div>		
<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶		<div> <div></div> <div>3.00</div> </div>	
<b>TOTAL</b> This Period (last page this line number only)..... ▶		<div> <div></div> <div></div> </div>	

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

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☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial) <b>A. RYAN WILSON</b>		Date of Receipt <div> <div>MM / DD / YYYY</div> <div>06 / 03 / 2016</div> </div>
Mailing Address 1202 S. WASHINGTON ST. APT. #302		<b>Transaction ID : SA17.355349</b>
City ALEXANDRIA	State VA	Zip Code 22314-4443
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1.00
Name of Employer RETIRED	Occupation RETIRED	<input type="checkbox"/> Memo Item CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 328.00	NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial) <b>B. RYAN WILSON</b>		Date of Receipt <div> <div>MM / DD / YYYY</div> <div>06 / 03 / 2016</div> </div>
Mailing Address 1202 S. WASHINGTON ST. APT. #302		<b>Transaction ID : SA17.355350</b>
City ALEXANDRIA	State VA	Zip Code 22314-4443
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1.00
Name of Employer RETIRED	Occupation RETIRED	<input type="checkbox"/> Memo Item CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 328.00	NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial) <b>C. RYAN WILSON</b>		Date of Receipt <div> <div>MM / DD / YYYY</div> <div>06 / 03 / 2016</div> </div>
Mailing Address 1202 S. WASHINGTON ST. APT. #302		<b>Transaction ID : SA17.355351</b>
City ALEXANDRIA	State VA	Zip Code 22314-4443
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1.00
Name of Employer RETIRED	Occupation RETIRED	<input type="checkbox"/> Memo Item CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 328.00	NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	3.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 790 OF 2173

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. RYAN WILSON**

Mailing Address 1202 S. WASHINGTON ST.  
 APT. #302

City	State	Zip Code
ALEXANDRIA	VA	22314-4443

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

328.00

Date of Receipt

**06 / 03 / 2016**

**Transaction ID : SA17.355352**

Amount of Each Receipt this Period

1.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**B. RYAN WILSON**

Mailing Address 1202 S. WASHINGTON ST.  
 APT. #302

City	State	Zip Code
ALEXANDRIA	VA	22314-4443

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

328.00

Date of Receipt

**06 / 03 / 2016**

**Transaction ID : SA17.355353**

Amount of Each Receipt this Period

1.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**C. RYAN WILSON**

Mailing Address 1202 S. WASHINGTON ST.  
 APT. #302

City	State	Zip Code
ALEXANDRIA	VA	22314-4443

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

328.00

Date of Receipt

**06 / 03 / 2016**

**Transaction ID : SA17.355354**

Amount of Each Receipt this Period

1.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

3.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial) <b>A. RYAN WILSON</b>		Date of Receipt <div> <div>MM / DD / YYYY</div> <div>06 / 03 / 2016</div> </div>	
Mailing Address 1202 S. WASHINGTON ST. APT. #302		<b>Transaction ID : SA17.355355</b>	
City ALEXANDRIA	State VA	Zip Code 22314-4443	Amount of Each Receipt this Period <div> <div>1.00</div> </div>
FEC ID number of contributing federal political committee. <div>C</div>		<input type="checkbox"/> Memo Item CONTRIBUTION	
Name of Employer RETIRED	Occupation RETIRED	NON CONTRIBUTION ACCOUNT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <div>328.00</div>		

  

Full Name (Last, First, Middle Initial) <b>B. RYAN WILSON</b>		Date of Receipt <div> <div>MM / DD / YYYY</div> <div>06 / 03 / 2016</div> </div>	
Mailing Address 1202 S. WASHINGTON ST. APT. #302		<b>Transaction ID : SA17.355356</b>	
City ALEXANDRIA	State VA	Zip Code 22314-4443	Amount of Each Receipt this Period <div> <div>1.00</div> </div>
FEC ID number of contributing federal political committee. <div>C</div>		<input type="checkbox"/> Memo Item CONTRIBUTION	
Name of Employer RETIRED	Occupation RETIRED	NON CONTRIBUTION ACCOUNT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <div>328.00</div>		

  

Full Name (Last, First, Middle Initial) <b>C. RYAN WILSON</b>		Date of Receipt <div> <div>MM / DD / YYYY</div> <div>06 / 03 / 2016</div> </div>	
Mailing Address 1202 S. WASHINGTON ST. APT. #302		<b>Transaction ID : SA17.355357</b>	
City ALEXANDRIA	State VA	Zip Code 22314-4443	Amount of Each Receipt this Period <div> <div>1.00</div> </div>
FEC ID number of contributing federal political committee. <div>C</div>		<input type="checkbox"/> Memo Item CONTRIBUTION	
Name of Employer RETIRED	Occupation RETIRED	NON CONTRIBUTION ACCOUNT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <div>328.00</div>		

  

<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶		<div>3.00</div>
<b>TOTAL</b> This Period (last page this line number only)..... ▶		

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 792 OF 2173

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. RYAN WILSON**Mailing Address 1202 S. WASHINGTON ST.  
APT. #302

City	State	Zip Code
ALEXANDRIA	VA	22314-4443

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

328.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		03		2016

Transaction ID : SA17.355358

Amount of Each Receipt this Period

1.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**B. RYAN WILSON**Mailing Address 1202 S. WASHINGTON ST.  
APT. #302

City	State	Zip Code
ALEXANDRIA	VA	22314-4443

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

328.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		03		2016

Transaction ID : SA17.355359

Amount of Each Receipt this Period

1.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**C. RYAN WILSON**Mailing Address 1202 S. WASHINGTON ST.  
APT. #302

City	State	Zip Code
ALEXANDRIA	VA	22314-4443

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

328.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		03		2016

Transaction ID : SA17.355360

Amount of Each Receipt this Period

1.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

3.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 793 OF 2173

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. RYAN WILSON**

Mailing Address 1202 S. WASHINGTON ST.  
 APT. #302

City State Zip Code  
 ALEXANDRIA VA 22314-4443

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

328.00

Date of Receipt

**06 / 03 / 2016**

**Transaction ID : SA17.355361**

Amount of Each Receipt this Period

1.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**B. RYAN WILSON**

Mailing Address 1202 S. WASHINGTON ST.  
 APT. #302

City State Zip Code  
 ALEXANDRIA VA 22314-4443

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

328.00

Date of Receipt

**06 / 03 / 2016**

**Transaction ID : SA17.355362**

Amount of Each Receipt this Period

1.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**C. RYAN WILSON**

Mailing Address 1202 S. WASHINGTON ST.  
 APT. #302

City State Zip Code  
 ALEXANDRIA VA 22314-4443

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

328.00

Date of Receipt

**06 / 03 / 2016**

**Transaction ID : SA17.355363**

Amount of Each Receipt this Period

1.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

3.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 794 OF 2173

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial) <b>A. RYAN WILSON</b>		Date of Receipt <div> <div>MM / DD / YYYY</div> <div>06 / 03 / 2016</div> </div>	
Mailing Address 1202 S. WASHINGTON ST. APT. #302		<b>Transaction ID : SA17.355364</b>	
City ALEXANDRIA	State VA	Zip Code 22314-4443	Amount of Each Receipt this Period <div> <div>1.00</div> </div>
FEC ID number of contributing federal political committee. <div>C</div>		<input type="checkbox"/> Memo Item CONTRIBUTION	
Name of Employer RETIRED	Occupation RETIRED	NON CONTRIBUTION ACCOUNT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <div>328.00</div>		
Full Name (Last, First, Middle Initial) <b>B. RYAN WILSON</b>		Date of Receipt <div> <div>MM / DD / YYYY</div> <div>06 / 09 / 2016</div> </div>	
Mailing Address 1202 S. WASHINGTON ST. APT. #302		<b>Transaction ID : SA17.355365</b>	
City ALEXANDRIA	State VA	Zip Code 22314-4443	Amount of Each Receipt this Period <div> <div>1.00</div> </div>
FEC ID number of contributing federal political committee. <div>C</div>		<input type="checkbox"/> Memo Item CONTRIBUTION	
Name of Employer RETIRED	Occupation RETIRED	NON CONTRIBUTION ACCOUNT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <div>328.00</div>		
Full Name (Last, First, Middle Initial) <b>C. RYAN WILSON</b>		Date of Receipt <div> <div>MM / DD / YYYY</div> <div>06 / 11 / 2016</div> </div>	
Mailing Address 1202 S. WASHINGTON ST. APT. #302		<b>Transaction ID : SA17.355366</b>	
City ALEXANDRIA	State VA	Zip Code 22314-4443	Amount of Each Receipt this Period <div> <div>1.00</div> </div>
FEC ID number of contributing federal political committee. <div>C</div>		<input type="checkbox"/> Memo Item CONTRIBUTION	
Name of Employer RETIRED	Occupation RETIRED	NON CONTRIBUTION ACCOUNT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <div>328.00</div>		
<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶		<div>3.00</div>	
<b>TOTAL</b> This Period (last page this line number only)..... ▶		<div></div>	

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 795 OF 2173

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial) <b>A. RYAN WILSON</b>		Date of Receipt <div> <div>MM / DD / YYYY</div> <div>06 / 11 / 2016</div> </div>	
Mailing Address 1202 S. WASHINGTON ST. APT. #302		<b>Transaction ID : SA17.355367</b>	
City ALEXANDRIA	State VA	Zip Code 22314-4443	Amount of Each Receipt this Period <div> <div>1.00</div> </div>
FEC ID number of contributing federal political committee. <div>C</div>		<input type="checkbox"/> Memo Item CONTRIBUTION	
Name of Employer RETIRED	Occupation RETIRED	NON CONTRIBUTION ACCOUNT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <div>328.00</div>		
Full Name (Last, First, Middle Initial) <b>B. RYAN WILSON</b>		Date of Receipt <div> <div>MM / DD / YYYY</div> <div>06 / 13 / 2016</div> </div>	
Mailing Address 1202 S. WASHINGTON ST. APT. #302		<b>Transaction ID : SA17.355368</b>	
City ALEXANDRIA	State VA	Zip Code 22314-4443	Amount of Each Receipt this Period <div> <div>1.00</div> </div>
FEC ID number of contributing federal political committee. <div>C</div>		<input type="checkbox"/> Memo Item CONTRIBUTION	
Name of Employer RETIRED	Occupation RETIRED	NON CONTRIBUTION ACCOUNT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <div>328.00</div>		
Full Name (Last, First, Middle Initial) <b>C. RYAN WILSON</b>		Date of Receipt <div> <div>MM / DD / YYYY</div> <div>06 / 13 / 2016</div> </div>	
Mailing Address 1202 S. WASHINGTON ST. APT. #302		<b>Transaction ID : SA17.355369</b>	
City ALEXANDRIA	State VA	Zip Code 22314-4443	Amount of Each Receipt this Period <div> <div>1.00</div> </div>
FEC ID number of contributing federal political committee. <div>C</div>		<input type="checkbox"/> Memo Item CONTRIBUTION	
Name of Employer RETIRED	Occupation RETIRED	NON CONTRIBUTION ACCOUNT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <div>328.00</div>		
<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶		<div>3.00</div>	
<b>TOTAL</b> This Period (last page this line number only)..... ▶		<div></div>	

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 796 OF 2173

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input checked="" type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial) <b>A. RYAN WILSON</b>		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>06</td> <td></td> <td>13</td> <td></td> <td>2016</td> </tr> </table> <b>Transaction ID : SA17.355370</b>	M M M	/	D D D	/	Y Y Y Y Y Y	06		13		2016
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06		13		2016								
Mailing Address 1202 S. WASHINGTON ST. APT. #302		Amount of Each Receipt this Period <table border="1"> <tr> <td>1.00</td> </tr> </table> <input type="checkbox"/> Memo Item CONTRIBUTION	1.00									
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City ALEXANDRIA	State VA	Zip Code 22314-4443										
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Name of Employer RETIRED	Occupation RETIRED											
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <table border="1"> <tr> <td>328.00</td> </tr> </table>	328.00										
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Full Name (Last, First, Middle Initial) <b>B. RYAN WILSON</b>		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>06</td> <td></td> <td>13</td> <td></td> <td>2016</td> </tr> </table> <b>Transaction ID : SA17.355371</b>	M M M	/	D D D	/	Y Y Y Y Y Y	06		13		2016
M M M	/	D D D	/	Y Y Y Y Y Y								
06		13		2016								
Mailing Address 1202 S. WASHINGTON ST. APT. #302		Amount of Each Receipt this Period <table border="1"> <tr> <td>1.00</td> </tr> </table> <input type="checkbox"/> Memo Item CONTRIBUTION	1.00									
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City ALEXANDRIA	State VA	Zip Code 22314-4443										
FEC ID number of contributing federal political committee. C		NON CONTRIBUTION ACCOUNT										
Name of Employer RETIRED	Occupation RETIRED											
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <table border="1"> <tr> <td>328.00</td> </tr> </table>	328.00										
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Full Name (Last, First, Middle Initial) <b>C. RYAN WILSON</b>		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>06</td> <td></td> <td>14</td> <td></td> <td>2016</td> </tr> </table> <b>Transaction ID : SA17.355372</b>	M M M	/	D D D	/	Y Y Y Y Y Y	06		14		2016
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06		14		2016								
Mailing Address 1202 S. WASHINGTON ST. APT. #302		Amount of Each Receipt this Period <table border="1"> <tr> <td>1.00</td> </tr> </table> <input type="checkbox"/> Memo Item CONTRIBUTION	1.00									
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City ALEXANDRIA	State VA	Zip Code 22314-4443										
FEC ID number of contributing federal political committee. C		NON CONTRIBUTION ACCOUNT										
Name of Employer RETIRED	Occupation RETIRED											
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <table border="1"> <tr> <td>328.00</td> </tr> </table>	328.00										
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<b>SUBTOTAL</b> of Receipts This Page (optional).....▶		<table border="1"> <tr> <td>3.00</td> </tr> </table>	3.00									
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<b>TOTAL</b> This Period (last page this line number only).....▶		<table border="1"> <tr> <td></td> </tr> </table>										

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input checked="" type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial) <b>A. RYAN WILSON</b>		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>06</td> <td>/</td> <td>14</td> <td>/</td> <td>2016</td> </tr> </table> <b>Transaction ID : SA17.355374</b>	M M M	/	D D D	/	Y Y Y Y Y Y	06	/	14	/	2016
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06	/	14	/	2016								
Mailing Address 1202 S. WASHINGTON ST. APT. #302		Amount of Each Receipt this Period <table border="1"> <tr> <td>1.00</td> </tr> </table> <input type="checkbox"/> Memo Item CONTRIBUTION	1.00									
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City ALEXANDRIA	State VA	Zip Code 22314-4443										
FEC ID number of contributing federal political committee. C		NON CONTRIBUTION ACCOUNT										
Name of Employer RETIRED	Occupation RETIRED											
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <table border="1"> <tr> <td>328.00</td> </tr> </table>	328.00										
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Full Name (Last, First, Middle Initial) <b>B. RYAN WILSON</b>		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>06</td> <td>/</td> <td>14</td> <td>/</td> <td>2016</td> </tr> </table> <b>Transaction ID : SA17.355375</b>	M M M	/	D D D	/	Y Y Y Y Y Y	06	/	14	/	2016
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06	/	14	/	2016								
Mailing Address 1202 S. WASHINGTON ST. APT. #302		Amount of Each Receipt this Period <table border="1"> <tr> <td>1.00</td> </tr> </table> <input type="checkbox"/> Memo Item CONTRIBUTION	1.00									
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City ALEXANDRIA	State VA	Zip Code 22314-4443										
FEC ID number of contributing federal political committee. C		NON CONTRIBUTION ACCOUNT										
Name of Employer RETIRED	Occupation RETIRED											
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <table border="1"> <tr> <td>328.00</td> </tr> </table>	328.00										
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Full Name (Last, First, Middle Initial) <b>C. RYAN WILSON</b>		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>06</td> <td>/</td> <td>14</td> <td>/</td> <td>2016</td> </tr> </table> <b>Transaction ID : SA17.355376</b>	M M M	/	D D D	/	Y Y Y Y Y Y	06	/	14	/	2016
M M M	/	D D D	/	Y Y Y Y Y Y								
06	/	14	/	2016								
Mailing Address 1202 S. WASHINGTON ST. APT. #302		Amount of Each Receipt this Period <table border="1"> <tr> <td>1.00</td> </tr> </table> <input type="checkbox"/> Memo Item CONTRIBUTION	1.00									
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City ALEXANDRIA	State VA	Zip Code 22314-4443										
FEC ID number of contributing federal political committee. C		NON CONTRIBUTION ACCOUNT										
Name of Employer RETIRED	Occupation RETIRED											
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <table border="1"> <tr> <td>328.00</td> </tr> </table>	328.00										
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<b>SUBTOTAL</b> of Receipts This Page (optional).....▶		<table border="1"> <tr> <td>3.00</td> </tr> </table>	3.00									
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<b>TOTAL</b> This Period (last page this line number only).....▶		<table border="1"> <tr> <td></td> </tr> </table>										

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 798 OF 2173

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial) <b>A. RYAN WILSON</b>		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>06</td> <td></td> <td>14</td> <td></td> <td>2016</td> </tr> </table> <b>Transaction ID : SA17.355377</b>	M M M	/	D D D	/	Y Y Y Y Y Y	06		14		2016
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06		14		2016								
Mailing Address 1202 S. WASHINGTON ST. APT. #302		Amount of Each Receipt this Period <table border="1"> <tr> <td>1.00</td> </tr> </table> <input type="checkbox"/> Memo Item CONTRIBUTION	1.00									
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City ALEXANDRIA	State VA	Zip Code 22314-4443										
FEC ID number of contributing federal political committee. C		NON CONTRIBUTION ACCOUNT										
Name of Employer RETIRED	Occupation RETIRED											
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <table border="1"> <tr> <td>328.00</td> </tr> </table>	328.00										
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Full Name (Last, First, Middle Initial) <b>B. RYAN WILSON</b>		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>06</td> <td></td> <td>14</td> <td></td> <td>2016</td> </tr> </table> <b>Transaction ID : SA17.355378</b>	M M M	/	D D D	/	Y Y Y Y Y Y	06		14		2016
M M M	/	D D D	/	Y Y Y Y Y Y								
06		14		2016								
Mailing Address 1202 S. WASHINGTON ST. APT. #302		Amount of Each Receipt this Period <table border="1"> <tr> <td>1.00</td> </tr> </table> <input type="checkbox"/> Memo Item CONTRIBUTION	1.00									
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City ALEXANDRIA	State VA	Zip Code 22314-4443										
FEC ID number of contributing federal political committee. C		NON CONTRIBUTION ACCOUNT										
Name of Employer RETIRED	Occupation RETIRED											
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <table border="1"> <tr> <td>328.00</td> </tr> </table>	328.00										
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Full Name (Last, First, Middle Initial) <b>C. RYAN WILSON</b>		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>06</td> <td></td> <td>14</td> <td></td> <td>2016</td> </tr> </table> <b>Transaction ID : SA17.355379</b>	M M M	/	D D D	/	Y Y Y Y Y Y	06		14		2016
M M M	/	D D D	/	Y Y Y Y Y Y								
06		14		2016								
Mailing Address 1202 S. WASHINGTON ST. APT. #302		Amount of Each Receipt this Period <table border="1"> <tr> <td>1.00</td> </tr> </table> <input type="checkbox"/> Memo Item CONTRIBUTION	1.00									
1.00												
City ALEXANDRIA	State VA	Zip Code 22314-4443										
FEC ID number of contributing federal political committee. C		NON CONTRIBUTION ACCOUNT										
Name of Employer RETIRED	Occupation RETIRED											
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <table border="1"> <tr> <td>328.00</td> </tr> </table>	328.00										
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<b>SUBTOTAL</b> of Receipts This Page (optional).....▶		<table border="1"> <tr> <td>3.00</td> </tr> </table>	3.00									
3.00												
<b>TOTAL</b> This Period (last page this line number only).....▶		<table border="1"> <tr> <td></td> </tr> </table>										

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 799 OF 2173

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17
------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	--

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. RYAN WILSON**

Mailing Address 1202 S. WASHINGTON ST.  
 APT. #302

City	State	Zip Code
ALEXANDRIA	VA	22314-4443

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

328.00

Date of Receipt

**06 / 14 / 2016**

**Transaction ID : SA17.355380**

Amount of Each Receipt this Period

1.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**B. RYAN WILSON**

Mailing Address 1202 S. WASHINGTON ST.  
 APT. #302

City	State	Zip Code
ALEXANDRIA	VA	22314-4443

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

328.00

Date of Receipt

**06 / 22 / 2016**

**Transaction ID : SA17.355381**

Amount of Each Receipt this Period

1.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**C. RYAN WILSON**

Mailing Address 1202 S. WASHINGTON ST.  
 APT. #302

City	State	Zip Code
ALEXANDRIA	VA	22314-4443

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

328.00

Date of Receipt

**06 / 22 / 2016**

**Transaction ID : SA17.355382**

Amount of Each Receipt this Period

1.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

3.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 800 OF 2173

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

## **A. RYAN WILSON**

Mailing Address 1202 S. WASHINGTON ST.  
 APT. #302

City State Zip Code  
 ALEXANDRIA VA 22314-4443

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

328.00

Date of Receipt

**06 / 22 / 2016**

**Transaction ID : SA17.355383**

Amount of Each Receipt this Period

1.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

## **B. RYAN WILSON**

Mailing Address 1202 S. WASHINGTON ST.  
 APT. #302

City State Zip Code  
 ALEXANDRIA VA 22314-4443

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

328.00

Date of Receipt

**06 / 22 / 2016**

**Transaction ID : SA17.355384**

Amount of Each Receipt this Period

1.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

## **C. RYAN WILSON**

Mailing Address 1202 S. WASHINGTON ST.  
 APT. #302

City State Zip Code  
 ALEXANDRIA VA 22314-4443

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

328.00

Date of Receipt

**06 / 22 / 2016**

**Transaction ID : SA17.355385**

Amount of Each Receipt this Period

1.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

3.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 801 OF 2173

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. RYAN WILSON**

Mailing Address 1202 S. WASHINGTON ST.  
 APT. #302

City	State	Zip Code
ALEXANDRIA	VA	22314-4443

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

328.00

Date of Receipt

**06** / **22** / **2016**

Transaction ID : SA17.355386

Amount of Each Receipt this Period

1.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**B. RYAN WILSON**

Mailing Address 1202 S. WASHINGTON ST.  
 APT. #302

City	State	Zip Code
ALEXANDRIA	VA	22314-4443

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

328.00

Date of Receipt

**06** / **22** / **2016**

Transaction ID : SA17.355387

Amount of Each Receipt this Period

1.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**C. RYAN WILSON**

Mailing Address 1202 S. WASHINGTON ST.  
 APT. #302

City	State	Zip Code
ALEXANDRIA	VA	22314-4443

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

328.00

Date of Receipt

**06** / **22** / **2016**

Transaction ID : SA17.355388

Amount of Each Receipt this Period

1.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

3.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 802 OF 2173

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. RYAN WILSON**

Mailing Address 1202 S. WASHINGTON ST.  
APT. #302

City	State	Zip Code
ALEXANDRIA	VA	22314-4443

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

328.00

Date of Receipt

**06** / **22** / **2016**

**Transaction ID : SA17.355389**

Amount of Each Receipt this Period

1.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**B. RYAN WILSON**

Mailing Address 1202 S. WASHINGTON ST.  
APT. #302

City	State	Zip Code
ALEXANDRIA	VA	22314-4443

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

328.00

Date of Receipt

**06** / **22** / **2016**

**Transaction ID : SA17.355390**

Amount of Each Receipt this Period

1.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**C. RYAN WILSON**

Mailing Address 1202 S. WASHINGTON ST.  
APT. #302

City	State	Zip Code
ALEXANDRIA	VA	22314-4443

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

328.00

Date of Receipt

**06** / **22** / **2016**

**Transaction ID : SA17.355391**

Amount of Each Receipt this Period

1.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

3.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 803 OF 2173

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. RYAN WILSON**

Mailing Address 1202 S. WASHINGTON ST.  
 APT. #302

City	State	Zip Code
ALEXANDRIA	VA	22314-4443

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

328.00

Date of Receipt

**06** / **22** / **2016**

**Transaction ID : SA17.355392**

Amount of Each Receipt this Period

1.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**B. RYAN WILSON**

Mailing Address 1202 S. WASHINGTON ST.  
 APT. #302

City	State	Zip Code
ALEXANDRIA	VA	22314-4443

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

328.00

Date of Receipt

**06** / **22** / **2016**

**Transaction ID : SA17.355393**

Amount of Each Receipt this Period

1.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**C. RYAN WILSON**

Mailing Address 1202 S. WASHINGTON ST.  
 APT. #302

City	State	Zip Code
ALEXANDRIA	VA	22314-4443

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

328.00

Date of Receipt

**06** / **22** / **2016**

**Transaction ID : SA17.355394**

Amount of Each Receipt this Period

1.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

3.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 804 OF 2173

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17
------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	--

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial) <b>A. RYAN WILSON</b>		Date of Receipt MM / DD / YYYY 06 / 22 / 2016 <b>Transaction ID : SA17.355395</b>
Mailing Address 1202 S. WASHINGTON ST. APT. #302		Amount of Each Receipt this Period 1.00
City ALEXANDRIA	State VA	Zip Code 22314-4443
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item CONTRIBUTION
Name of Employer RETIRED	Occupation RETIRED	NON CONTRIBUTION ACCOUNT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 328.00	
Full Name (Last, First, Middle Initial) <b>B. RYAN WILSON</b>		Date of Receipt MM / DD / YYYY 06 / 22 / 2016 <b>Transaction ID : SA17.355396</b>
Mailing Address 1202 S. WASHINGTON ST. APT. #302		Amount of Each Receipt this Period 1.00
City ALEXANDRIA	State VA	Zip Code 22314-4443
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item CONTRIBUTION
Name of Employer RETIRED	Occupation RETIRED	NON CONTRIBUTION ACCOUNT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 328.00	
Full Name (Last, First, Middle Initial) <b>C. RYAN WILSON</b>		Date of Receipt MM / DD / YYYY 06 / 22 / 2016 <b>Transaction ID : SA17.355397</b>
Mailing Address 1202 S. WASHINGTON ST. APT. #302		Amount of Each Receipt this Period 1.00
City ALEXANDRIA	State VA	Zip Code 22314-4443
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item CONTRIBUTION
Name of Employer RETIRED	Occupation RETIRED	NON CONTRIBUTION ACCOUNT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 328.00	
<b>SUBTOTAL</b> of Receipts This Page (optional).....▶		3.00
<b>TOTAL</b> This Period (last page this line number only).....▶		

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 805 OF 2173

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

<p>Full Name (Last, First, Middle Initial)  <b>A. RYAN WILSON</b></p> <p>Mailing Address 1202 S. WASHINGTON ST.  APT. #302</p> <p>City State Zip Code  ALEXANDRIA VA 22314-4443</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation  RETIRED RETIRED</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">328.00</span></p>			<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">06</span> / <span style="border: 1px solid black; padding: 2px;">22</span> / <span style="border: 1px solid black; padding: 2px;">2016</span></p> <p><b>Transaction ID : SA17.355398</b></p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">1.00</span></p> <p><input type="checkbox"/> Memo Item  CONTRIBUTION</p> <p>NON CONTRIBUTION ACCOUNT</p>		
<p>Full Name (Last, First, Middle Initial)  <b>B. RYAN WILSON</b></p> <p>Mailing Address 1202 S. WASHINGTON ST.  APT. #302</p> <p>City State Zip Code  ALEXANDRIA VA 22314-4443</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation  RETIRED RETIRED</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">328.00</span></p>			<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">06</span> / <span style="border: 1px solid black; padding: 2px;">22</span> / <span style="border: 1px solid black; padding: 2px;">2016</span></p> <p><b>Transaction ID : SA17.355399</b></p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">1.00</span></p> <p><input type="checkbox"/> Memo Item  CONTRIBUTION</p> <p>NON CONTRIBUTION ACCOUNT</p>		
<p>Full Name (Last, First, Middle Initial)  <b>C. RYAN WILSON</b></p> <p>Mailing Address 1202 S. WASHINGTON ST.  APT. #302</p> <p>City State Zip Code  ALEXANDRIA VA 22314-4443</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation  RETIRED RETIRED</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">328.00</span></p>			<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">06</span> / <span style="border: 1px solid black; padding: 2px;">22</span> / <span style="border: 1px solid black; padding: 2px;">2016</span></p> <p><b>Transaction ID : SA17.355400</b></p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">1.00</span></p> <p><input type="checkbox"/> Memo Item  CONTRIBUTION</p> <p>NON CONTRIBUTION ACCOUNT</p>		
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>			<span style="border: 1px solid black; padding: 2px;">3.00</span>		
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>			<span style="border: 1px solid black; padding: 2px;"></span>		

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 806 OF 2173

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. RYAN WILSON**

Mailing Address 1202 S. WASHINGTON ST.  
 APT. #302

City	State	Zip Code
ALEXANDRIA	VA	22314-4443

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

328.00

Date of Receipt

**06** / **22** / **2016**

**Transaction ID : SA17.355401**

Amount of Each Receipt this Period

1.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**B. RYAN WILSON**

Mailing Address 1202 S. WASHINGTON ST.  
 APT. #302

City	State	Zip Code
ALEXANDRIA	VA	22314-4443

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

328.00

Date of Receipt

**06** / **22** / **2016**

**Transaction ID : SA17.355402**

Amount of Each Receipt this Period

1.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**C. RYAN WILSON**

Mailing Address 1202 S. WASHINGTON ST.  
 APT. #302

City	State	Zip Code
ALEXANDRIA	VA	22314-4443

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

328.00

Date of Receipt

**06** / **22** / **2016**

**Transaction ID : SA17.355403**

Amount of Each Receipt this Period

1.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

3.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 807 OF 2173  
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17
------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	--

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial) <b>A. RYAN WILSON</b>		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>06</td> <td>/</td> <td>22</td> <td>/</td> <td>2016</td> </tr> </table> <b>Transaction ID : SA17.355404</b>	M M M	/	D D D	/	Y Y Y Y Y Y	06	/	22	/	2016
M M M	/	D D D	/	Y Y Y Y Y Y								
06	/	22	/	2016								
Mailing Address 1202 S. WASHINGTON ST. APT. #302		Amount of Each Receipt this Period <table border="1"> <tr> <td>1.00</td> </tr> </table> <input type="checkbox"/> Memo Item CONTRIBUTION	1.00									
1.00												
City ALEXANDRIA	State VA	Zip Code 22314-4443										
FEC ID number of contributing federal political committee. C		NON CONTRIBUTION ACCOUNT										
Name of Employer RETIRED	Occupation RETIRED											
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <table border="1"> <tr> <td>328.00</td> </tr> </table>	328.00										
328.00												
Full Name (Last, First, Middle Initial) <b>B. RYAN WILSON</b>		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>06</td> <td>/</td> <td>22</td> <td>/</td> <td>2016</td> </tr> </table> <b>Transaction ID : SA17.355405</b>	M M M	/	D D D	/	Y Y Y Y Y Y	06	/	22	/	2016
M M M	/	D D D	/	Y Y Y Y Y Y								
06	/	22	/	2016								
Mailing Address 1202 S. WASHINGTON ST. APT. #302		Amount of Each Receipt this Period <table border="1"> <tr> <td>1.00</td> </tr> </table> <input type="checkbox"/> Memo Item CONTRIBUTION	1.00									
1.00												
City ALEXANDRIA	State VA	Zip Code 22314-4443										
FEC ID number of contributing federal political committee. C		NON CONTRIBUTION ACCOUNT										
Name of Employer RETIRED	Occupation RETIRED											
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <table border="1"> <tr> <td>328.00</td> </tr> </table>	328.00										
328.00												
Full Name (Last, First, Middle Initial) <b>C. RYAN WILSON</b>		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>06</td> <td>/</td> <td>22</td> <td>/</td> <td>2016</td> </tr> </table> <b>Transaction ID : SA17.355406</b>	M M M	/	D D D	/	Y Y Y Y Y Y	06	/	22	/	2016
M M M	/	D D D	/	Y Y Y Y Y Y								
06	/	22	/	2016								
Mailing Address 1202 S. WASHINGTON ST. APT. #302		Amount of Each Receipt this Period <table border="1"> <tr> <td>1.00</td> </tr> </table> <input type="checkbox"/> Memo Item CONTRIBUTION	1.00									
1.00												
City ALEXANDRIA	State VA	Zip Code 22314-4443										
FEC ID number of contributing federal political committee. C		NON CONTRIBUTION ACCOUNT										
Name of Employer RETIRED	Occupation RETIRED											
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <table border="1"> <tr> <td>328.00</td> </tr> </table>	328.00										
328.00												
<b>SUBTOTAL</b> of Receipts This Page (optional).....▶		<table border="1"> <tr> <td>3.00</td> </tr> </table>	3.00									
3.00												
<b>TOTAL</b> This Period (last page this line number only).....▶		<table border="1"> <tr> <td></td> </tr> </table>										

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 808 OF 2173

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. RYAN WILSON**

Mailing Address 1202 S. WASHINGTON ST.  
 APT. #302

City	State	Zip Code
ALEXANDRIA	VA	22314-4443

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

328.00

Date of Receipt

**06** / **22** / **2016**

**Transaction ID : SA17.355407**

Amount of Each Receipt this Period

1.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**B. RYAN WILSON**

Mailing Address 1202 S. WASHINGTON ST.  
 APT. #302

City	State	Zip Code
ALEXANDRIA	VA	22314-4443

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

328.00

Date of Receipt

**06** / **22** / **2016**

**Transaction ID : SA17.355408**

Amount of Each Receipt this Period

1.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**C. RYAN WILSON**

Mailing Address 1202 S. WASHINGTON ST.  
 APT. #302

City	State	Zip Code
ALEXANDRIA	VA	22314-4443

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

328.00

Date of Receipt

**06** / **22** / **2016**

**Transaction ID : SA17.355409**

Amount of Each Receipt this Period

1.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

3.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 809 OF 2173

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. RYAN WILSON**

Mailing Address 1202 S. WASHINGTON ST.  
APT. #302

City	State	Zip Code
ALEXANDRIA	VA	22314-4443

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

328.00

Date of Receipt

**06** / **22** / **2016**

**Transaction ID : SA17.355410**

Amount of Each Receipt this Period

1.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**B. RYAN WILSON**

Mailing Address 1202 S. WASHINGTON ST.  
APT. #302

City	State	Zip Code
ALEXANDRIA	VA	22314-4443

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

328.00

Date of Receipt

**06** / **22** / **2016**

**Transaction ID : SA17.355411**

Amount of Each Receipt this Period

1.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**C. RYAN WILSON**

Mailing Address 1202 S. WASHINGTON ST.  
APT. #302

City	State	Zip Code
ALEXANDRIA	VA	22314-4443

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

328.00

Date of Receipt

**06** / **22** / **2016**

**Transaction ID : SA17.355412**

Amount of Each Receipt this Period

1.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

3.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 810 OF 2173

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17
------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	--

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. RYAN WILSON**

Mailing Address 1202 S. WASHINGTON ST.  
 APT. #302

City	State	Zip Code
ALEXANDRIA	VA	22314-4443

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

328.00

Date of Receipt

**06** / **22** / **2016**

Transaction ID : SA17.355413

Amount of Each Receipt this Period

1.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**B. RYAN WILSON**

Mailing Address 1202 S. WASHINGTON ST.  
 APT. #302

City	State	Zip Code
ALEXANDRIA	VA	22314-4443

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

328.00

Date of Receipt

**06** / **22** / **2016**

Transaction ID : SA17.355414

Amount of Each Receipt this Period

1.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**C. RYAN WILSON**

Mailing Address 1202 S. WASHINGTON ST.  
 APT. #302

City	State	Zip Code
ALEXANDRIA	VA	22314-4443

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

328.00

Date of Receipt

**06** / **22** / **2016**

Transaction ID : SA17.355415

Amount of Each Receipt this Period

1.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

3.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 811 OF 2173

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial) <b>A. RYAN WILSON</b>		Date of Receipt <div> <div>MM / DD / YYYY</div> <div>06 / 22 / 2016</div> </div>	
Mailing Address 1202 S. WASHINGTON ST. APT. #302		<b>Transaction ID : SA17.355416</b>	
City ALEXANDRIA	State VA	Zip Code 22314-4443	Amount of Each Receipt this Period <div> <div>1.00</div> </div>
FEC ID number of contributing federal political committee. <div>C</div>		<input type="checkbox"/> Memo Item CONTRIBUTION	
Name of Employer RETIRED	Occupation RETIRED	NON CONTRIBUTION ACCOUNT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <div>328.00</div>		

  

Full Name (Last, First, Middle Initial) <b>B. RYAN WILSON</b>		Date of Receipt <div> <div>MM / DD / YYYY</div> <div>06 / 22 / 2016</div> </div>	
Mailing Address 1202 S. WASHINGTON ST. APT. #302		<b>Transaction ID : SA17.355417</b>	
City ALEXANDRIA	State VA	Zip Code 22314-4443	Amount of Each Receipt this Period <div> <div>1.00</div> </div>
FEC ID number of contributing federal political committee. <div>C</div>		<input type="checkbox"/> Memo Item CONTRIBUTION	
Name of Employer RETIRED	Occupation RETIRED	NON CONTRIBUTION ACCOUNT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <div>328.00</div>		

  

Full Name (Last, First, Middle Initial) <b>C. RYAN WILSON</b>		Date of Receipt <div> <div>MM / DD / YYYY</div> <div>06 / 22 / 2016</div> </div>	
Mailing Address 1202 S. WASHINGTON ST. APT. #302		<b>Transaction ID : SA17.355418</b>	
City ALEXANDRIA	State VA	Zip Code 22314-4443	Amount of Each Receipt this Period <div> <div>1.00</div> </div>
FEC ID number of contributing federal political committee. <div>C</div>		<input type="checkbox"/> Memo Item CONTRIBUTION	
Name of Employer RETIRED	Occupation RETIRED	NON CONTRIBUTION ACCOUNT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <div>328.00</div>		

  

<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶		<div>3.00</div>
<b>TOTAL</b> This Period (last page this line number only)..... ▶		

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 812 OF 2173

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial) <b>A. RYAN WILSON</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 23 / 2016 <b>Transaction ID : SA17.355419</b>	
Mailing Address 1202 S. WASHINGTON ST. APT. #302		Amount of Each Receipt this Period 1.00	
City ALEXANDRIA	State VA	Zip Code 22314-4443	<input type="checkbox"/> Memo Item CONTRIBUTION
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 328.00	
Name of Employer RETIRED		Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		NON CONTRIBUTION ACCOUNT	
Full Name (Last, First, Middle Initial) <b>B. RYAN WILSON</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 23 / 2016 <b>Transaction ID : SA17.355420</b>	
Mailing Address 1202 S. WASHINGTON ST. APT. #302		Amount of Each Receipt this Period 1.00	
City ALEXANDRIA	State VA	Zip Code 22314-4443	<input type="checkbox"/> Memo Item CONTRIBUTION
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 328.00	
Name of Employer RETIRED		Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		NON CONTRIBUTION ACCOUNT	
Full Name (Last, First, Middle Initial) <b>C. RYAN WILSON</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 23 / 2016 <b>Transaction ID : SA17.355421</b>	
Mailing Address 1202 S. WASHINGTON ST. APT. #302		Amount of Each Receipt this Period 1.00	
City ALEXANDRIA	State VA	Zip Code 22314-4443	<input type="checkbox"/> Memo Item CONTRIBUTION
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 328.00	
Name of Employer RETIRED		Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		NON CONTRIBUTION ACCOUNT	
<b>SUBTOTAL</b> of Receipts This Page (optional).....		3.00	
<b>TOTAL</b> This Period (last page this line number only).....			

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 813 OF 2173

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. RYAN WILSON**

Mailing Address 1202 S. WASHINGTON ST.  
 APT. #302

City	State	Zip Code
ALEXANDRIA	VA	22314-4443

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

328.00

Date of Receipt

**06 / 23 / 2016**

**Transaction ID : SA17.355422**

Amount of Each Receipt this Period

1.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**B. RYAN WILSON**

Mailing Address 1202 S. WASHINGTON ST.  
 APT. #302

City	State	Zip Code
ALEXANDRIA	VA	22314-4443

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

328.00

Date of Receipt

**06 / 23 / 2016**

**Transaction ID : SA17.355423**

Amount of Each Receipt this Period

1.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**C. RYAN WILSON**

Mailing Address 1202 S. WASHINGTON ST.  
 APT. #302

City	State	Zip Code
ALEXANDRIA	VA	22314-4443

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

328.00

Date of Receipt

**06 / 23 / 2016**

**Transaction ID : SA17.355424**

Amount of Each Receipt this Period

1.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

3.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 814 OF 2173

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17
------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	--

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. RYAN WILSON**

Mailing Address 1202 S. WASHINGTON ST.  
APT. #302

City	State	Zip Code
ALEXANDRIA	VA	22314-4443

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

328.00

Date of Receipt

**06** / **23** / **2016**

**Transaction ID : SA17.355425**

Amount of Each Receipt this Period

1.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**B. RYAN WILSON**

Mailing Address 1202 S. WASHINGTON ST.  
APT. #302

City	State	Zip Code
ALEXANDRIA	VA	22314-4443

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

328.00

Date of Receipt

**06** / **23** / **2016**

**Transaction ID : SA17.355426**

Amount of Each Receipt this Period

1.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**C. RYAN WILSON**

Mailing Address 1202 S. WASHINGTON ST.  
APT. #302

City	State	Zip Code
ALEXANDRIA	VA	22314-4443

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

328.00

Date of Receipt

**06** / **28** / **2016**

**Transaction ID : SA17.355427**

Amount of Each Receipt this Period

1.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

3.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 815 OF 2173

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial) <b>A. RYAN WILSON</b>		Date of Receipt <div> <div>MM / DD / YYYY</div> <div>06 / 29 / 2016</div> </div>	
Mailing Address 1202 S. WASHINGTON ST. APT. #302		<b>Transaction ID : SA17.355428</b>	
City ALEXANDRIA	State VA	Zip Code 22314-4443	Amount of Each Receipt this Period <div> <div>1.00</div> </div>
FEC ID number of contributing federal political committee. <div>C</div>		<input type="checkbox"/> Memo Item CONTRIBUTION	
Name of Employer RETIRED	Occupation RETIRED	NON CONTRIBUTION ACCOUNT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <div>328.00</div>		

  

Full Name (Last, First, Middle Initial) <b>B. RYAN WILSON</b>		Date of Receipt <div> <div>MM / DD / YYYY</div> <div>06 / 29 / 2016</div> </div>	
Mailing Address 1202 S. WASHINGTON ST. APT. #302		<b>Transaction ID : SA17.355429</b>	
City ALEXANDRIA	State VA	Zip Code 22314-4443	Amount of Each Receipt this Period <div> <div>1.00</div> </div>
FEC ID number of contributing federal political committee. <div>C</div>		<input type="checkbox"/> Memo Item CONTRIBUTION	
Name of Employer RETIRED	Occupation RETIRED	NON CONTRIBUTION ACCOUNT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <div>328.00</div>		

  

Full Name (Last, First, Middle Initial) <b>C. RYAN WILSON</b>		Date of Receipt <div> <div>MM / DD / YYYY</div> <div>06 / 29 / 2016</div> </div>	
Mailing Address 1202 S. WASHINGTON ST. APT. #302		<b>Transaction ID : SA17.355430</b>	
City ALEXANDRIA	State VA	Zip Code 22314-4443	Amount of Each Receipt this Period <div> <div>1.00</div> </div>
FEC ID number of contributing federal political committee. <div>C</div>		<input type="checkbox"/> Memo Item CONTRIBUTION	
Name of Employer RETIRED	Occupation RETIRED	NON CONTRIBUTION ACCOUNT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <div>328.00</div>		

  

<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶		<div>3.00</div>
<b>TOTAL</b> This Period (last page this line number only)..... ▶		

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 816 OF 2173

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. RYAN WILSON**Mailing Address 1202 S. WASHINGTON ST.  
APT. #302

City	State	Zip Code
ALEXANDRIA	VA	22314-4443

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

328.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	29	/	2016

Transaction ID : SA17.355431

Amount of Each Receipt this Period

1.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**B. RYAN WILSON**Mailing Address 1202 S. WASHINGTON ST.  
APT. #302

City	State	Zip Code
ALEXANDRIA	VA	22314-4443

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

328.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	29	/	2016

Transaction ID : SA17.355432

Amount of Each Receipt this Period

1.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**C. RYAN WILSON**Mailing Address 1202 S. WASHINGTON ST.  
APT. #302

City	State	Zip Code
ALEXANDRIA	VA	22314-4443

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

328.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	29	/	2016

Transaction ID : SA17.355433

Amount of Each Receipt this Period

1.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

3.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 817 OF 2173

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial) <b>A. RYAN WILSON</b>		Date of Receipt <div> <div>MM / DD / YYYY</div> <div>06 / 29 / 2016</div> </div>	
Mailing Address 1202 S. WASHINGTON ST. APT. #302		<b>Transaction ID : SA17.355434</b>	
City ALEXANDRIA	State VA	Zip Code 22314-4443	Amount of Each Receipt this Period <div> <div>1.00</div> </div>
FEC ID number of contributing federal political committee. <div>C</div>		<input type="checkbox"/> Memo Item CONTRIBUTION	
Name of Employer RETIRED	Occupation RETIRED	NON CONTRIBUTION ACCOUNT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <div>328.00</div>		
Full Name (Last, First, Middle Initial) <b>B. RYAN WILSON</b>		Date of Receipt <div> <div>MM / DD / YYYY</div> <div>06 / 29 / 2016</div> </div>	
Mailing Address 1202 S. WASHINGTON ST. APT. #302		<b>Transaction ID : SA17.355435</b>	
City ALEXANDRIA	State VA	Zip Code 22314-4443	Amount of Each Receipt this Period <div> <div>1.00</div> </div>
FEC ID number of contributing federal political committee. <div>C</div>		<input type="checkbox"/> Memo Item CONTRIBUTION	
Name of Employer RETIRED	Occupation RETIRED	NON CONTRIBUTION ACCOUNT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <div>328.00</div>		
Full Name (Last, First, Middle Initial) <b>C. RYAN WILSON</b>		Date of Receipt <div> <div>MM / DD / YYYY</div> <div>06 / 29 / 2016</div> </div>	
Mailing Address 1202 S. WASHINGTON ST. APT. #302		<b>Transaction ID : SA17.355436</b>	
City ALEXANDRIA	State VA	Zip Code 22314-4443	Amount of Each Receipt this Period <div> <div>1.00</div> </div>
FEC ID number of contributing federal political committee. <div>C</div>		<input type="checkbox"/> Memo Item CONTRIBUTION	
Name of Employer RETIRED	Occupation RETIRED	NON CONTRIBUTION ACCOUNT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <div>328.00</div>		
<b>SUBTOTAL</b> of Receipts This Page (optional).....		<div>3.00</div>	
<b>TOTAL</b> This Period (last page this line number only).....		<div></div>	

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 818 OF 2173

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**Full Name (Last, First, Middle Initial)  
**A. WILLIAM F WILSON**

Mailing Address 532 WARRENTON RUN DRIVE

City	State	Zip Code
SUGAR HILL	GA	30518-

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

US ARMY RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	09	/	2016

Transaction ID : SA17.333941

Amount of Each Receipt this Period

250.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)  
**B. BARRY WINEROTH**

Mailing Address 198 LAZY S LANE

City	State	Zip Code
CHICO	CA	95928-

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	24	/	2016

Transaction ID : SA17.348514

Amount of Each Receipt this Period

250.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)  
**C. BARRY WINEROTH**

Mailing Address 198 LAZY S LANE

City	State	Zip Code
CHICO	CA	95928-

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	22	/	2016

Transaction ID : SA17.355143

Amount of Each Receipt this Period

5.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT; EARMARKED  
CONTRIBUTION FOR DONALD J TRUMP FOR  
PRESIDENT, INC. COMMITTEE ID

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

505.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 819 OF 2173  
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

<b>A. COLLEEN WINTERMUTE</b> Full Name (Last, First, Middle Initial) Mailing Address 720 3RD ST City NORCO State CA Zip Code 92860-2734 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer RETIRED Occupation RETIRED Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 475.00			Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 12 / 2016 <b>Transaction ID : SA17.341717</b> Amount of Each Receipt this Period 25.00 <input type="checkbox"/> Memo Item CONTRIBUTION NON CONTRIBUTION ACCOUNT
<b>B. COLLEEN WINTERMUTE</b> Full Name (Last, First, Middle Initial) Mailing Address 720 3RD ST City NORCO State CA Zip Code 92860-2734 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer RETIRED Occupation RETIRED Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 475.00			Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 14 / 2016 <b>Transaction ID : SA17.341872</b> Amount of Each Receipt this Period 25.00 <input type="checkbox"/> Memo Item CONTRIBUTION NON CONTRIBUTION ACCOUNT
<b>C. COLLEEN WINTERMUTE</b> Full Name (Last, First, Middle Initial) Mailing Address 720 3RD ST City NORCO State CA Zip Code 92860-2734 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer RETIRED Occupation RETIRED Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 475.00			Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 16 / 2016 <b>Transaction ID : SA17.342275</b> Amount of Each Receipt this Period 25.00 <input type="checkbox"/> Memo Item CONTRIBUTION NON CONTRIBUTION ACCOUNT
<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶			75.00
<b>TOTAL</b> This Period (last page this line number only)..... ▶			

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 820 OF 2173

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial) <b>A. COLLEEN WINTERMUTE</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 19 / 2016 <b>Transaction ID : SA17.342680</b>	
Mailing Address 720 3RD ST City NORCO State CA Zip Code 92860-2734		Amount of Each Receipt this Period 25.00 <input type="checkbox"/> Memo Item <b>CONTRIBUTION</b>	
FEC ID number of contributing federal political committee. C		NON CONTRIBUTION ACCOUNT	
Name of Employer RETIRED Occupation RETIRED			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 475.00	
Full Name (Last, First, Middle Initial) <b>B. COLLEEN WINTERMUTE</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 24 / 2016 <b>Transaction ID : SA17.343649</b>	
Mailing Address 720 3RD ST City NORCO State CA Zip Code 92860-2734		Amount of Each Receipt this Period 25.00 <input type="checkbox"/> Memo Item <b>CONTRIBUTION</b>	
FEC ID number of contributing federal political committee. C		NON CONTRIBUTION ACCOUNT	
Name of Employer RETIRED Occupation RETIRED			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 475.00	
Full Name (Last, First, Middle Initial) <b>C. COLLEEN WINTERMUTE</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 03 / 2016 <b>Transaction ID : SA17.346869</b>	
Mailing Address 720 3RD ST City NORCO State CA Zip Code 92860-2734		Amount of Each Receipt this Period 100.00 <input type="checkbox"/> Memo Item <b>CONTRIBUTION</b>	
FEC ID number of contributing federal political committee. C		NON CONTRIBUTION ACCOUNT	
Name of Employer RETIRED Occupation RETIRED			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 475.00	
<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶		150.00	
<b>TOTAL</b> This Period (last page this line number only)..... ▶			

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial) <b>A. COLLEEN WINTERMUTE</b>			Date of Receipt <div> <div>MM / DD / YYYY</div> <div>06 / 11 / 2016</div> </div>	
Mailing Address 720 3RD ST			<b>Transaction ID : SA17.347158</b>	
City NORCO	State CA	Zip Code 92860-2734	Amount of Each Receipt this Period <div> <div>Amount</div> <div>100.00</div> </div>	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item CONTRIBUTION		
Name of Employer RETIRED		Occupation RETIRED		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <div> <div>Amount</div> <div>475.00</div> </div>		
			NON CONTRIBUTION ACCOUNT	

Full Name (Last, First, Middle Initial) <b>B. J CALVIN WINTER III</b>			Date of Receipt <div> <div>MM / DD / YYYY</div> <div>06 / 09 / 2016</div> </div>	
Mailing Address 7415 SW 170TH TERRACE			<b>Transaction ID : SA17.348699</b>	
City PALMETTO BAY	State FL	Zip Code 33157-	Amount of Each Receipt this Period <div> <div>Amount</div> <div>1000.00</div> </div>	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item CONTRIBUTION		
Name of Employer RETIRED		Occupation RETIRED		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <div> <div>Amount</div> <div>1000.00</div> </div>		
			NON CONTRIBUTION ACCOUNT	

Full Name (Last, First, Middle Initial) <b>C. CHERYL WISDOM</b>			Date of Receipt <div> <div>MM / DD / YYYY</div> <div>06 / 06 / 2016</div> </div>	
Mailing Address 10015 CASCADE RD SE			<b>Transaction ID : SA17.334151</b>	
City LOWELL	State MI	Zip Code 49331-	Amount of Each Receipt this Period <div> <div>Amount</div> <div>100.00</div> </div>	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item CONTRIBUTION		
Name of Employer SELF		Occupation HERBALIFE DISTRIBUTOR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <div> <div>Amount</div> <div>300.00</div> </div>		
			NON CONTRIBUTION ACCOUNT	

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1200.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 822 OF 2173

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17
------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	--

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. 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

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	21	/	2016

Transaction ID : SA17.348465

Amount of Each Receipt this Period

250.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**B. JIM ALLEN WOOD**

Mailing Address 144 MILLER DR.

City	State	Zip Code
TRYON	NC	28782-2663

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	09	/	2016

Transaction ID : SA17.348411

Amount of Each Receipt this Period

250.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**C. PATRICIA WOODRING**

Mailing Address 1100 SWEETWOOD CT

City	State	Zip Code
KERNERSVILLE	NC	27284-

FEC ID number of contributing  
federal political committee.

C

Name of Employer

FORSYTH MECH &amp; CONST

Occupation

SELF RMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	01	/	2016

Transaction ID : SA17.348363

Amount of Each Receipt this Period

250.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

750.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial) <b>A. SHEILA WORCESTER</b>			Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 10 / 2016	
Mailing Address 115 WILLWAY DR.			<b>Transaction ID : SA17.348701</b>	
City MANAKIN SABOT	State VA	Zip Code 23103-	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item CONTRIBUTION		
Name of Employer RETIRED	Occupation RETIRED	NON CONTRIBUTION ACCOUNT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) <b>B. ROBERT WORKMAN</b>			Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 07 / 2016	
Mailing Address 306 SOUTH WALTON STREET			<b>Transaction ID : SA17.340924</b>	
City DALLAS	State TX	Zip Code 75226-	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item CONTRIBUTION		
Name of Employer PRAETORIAN DIGITAL	Occupation SALES!	NON CONTRIBUTION ACCOUNT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 225.00		

Full Name (Last, First, Middle Initial) <b>C. JOE R WRIGHT</b>			Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 16 / 2016	
Mailing Address 393 CALLE COLINA			<b>Transaction ID : SA17.345490</b>	
City SANTA FE	State NM	Zip Code 87501-1017	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item CONTRIBUTION		
Name of Employer RETIRED	Occupation RETIRED	NON CONTRIBUTION ACCOUNT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00		

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1075.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 824 OF 2173

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. JOE R WRIGHT**

Mailing Address 393 CALLE COLINA

City  
SANTA FE

State  
NM

Zip Code  
87501-1017

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

06 / 30 / 2016

Transaction ID : SA17.346623

Amount of Each Receipt this Period

50.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**B. JOE R WRIGHT**

Mailing Address 393 CALLE COLINA

City  
SANTA FE

State  
NM

Zip Code  
87501-1017

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

06 / 11 / 2016

Transaction ID : SA17.349404

Amount of Each Receipt this Period

5.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT; EARMARKED  
CONTRIBUTION FOR DONALD J TRUMP FOR  
PRESIDENT, INC. COMMITTEE ID

Full Name (Last, First, Middle Initial)

**C. JOE R WRIGHT**

Mailing Address 393 CALLE COLINA

City  
SANTA FE

State  
NM

Zip Code  
87501-1017

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

06 / 11 / 2016

Transaction ID : SA17.353638

Amount of Each Receipt this Period

45.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

100.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

 FOR LINE NUMBER:  
 (check only one)

PAGE 825 OF 2173

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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 NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial) <b>A. KARRIE WRIGHT</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 08 / 2016 <b>Transaction ID : SA17.348692</b>	
Mailing Address 14 E 75TH ST 7E City NEW YORK CITY State NY Zip Code 10021-		Amount of Each Receipt this Period 1000.00 <input type="checkbox"/> Memo Item CONTRIBUTION	
FEC ID number of contributing federal political committee. C		NON CONTRIBUTION ACCOUNT	
Name of Employer RETIRED Occupation RETIRED			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 3200.00	
Full Name (Last, First, Middle Initial) <b>B. KARRIE WRIGHT</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 08 / 2016 <b>Transaction ID : SA17.348693</b>	
Mailing Address 14 E 75TH ST 7E City NEW YORK CITY State NY Zip Code 10021-		Amount of Each Receipt this Period 1000.00 <input type="checkbox"/> Memo Item CONTRIBUTION	
FEC ID number of contributing federal political committee. C		NON CONTRIBUTION ACCOUNT	
Name of Employer RETIRED Occupation RETIRED			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 3200.00	
Full Name (Last, First, Middle Initial) <b>C. KARRIE WRIGHT</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 08 / 2016 <b>Transaction ID : SA17.348694</b>	
Mailing Address 14 E 75TH ST 7E City NEW YORK CITY State NY Zip Code 10021-		Amount of Each Receipt this Period 1000.00 <input type="checkbox"/> Memo Item CONTRIBUTION	
FEC ID number of contributing federal political committee. C		NON CONTRIBUTION ACCOUNT	
Name of Employer RETIRED Occupation RETIRED			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 3200.00	
<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶		3000.00	
<b>TOTAL</b> This Period (last page this line number only)..... ▶			

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 826 OF 2173

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17
------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	--

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. MARY WUTKE**Mailing Address 6666 ODANA RD  
215

City	State	Zip Code
MADISON	WI	53719-

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

FINANCE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	02	/	2016

Transaction ID : SA17.348370

Amount of Each Receipt this Period

250.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**B. FERN YANAGISAWA**

Mailing Address 7708 CHALKSTONE DRIVE DALLAS TX

City	State	Zip Code
DALLAS	TX	75248-5320

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	22	/	2016

Transaction ID : SA17.347769

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

**C. DAVID YONAN**

Mailing Address P.O. BOX 1840

City	State	Zip Code
KEAAU	HI	96749-1840

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	28	/	2016

Transaction ID : SA17.346387

Amount of Each Receipt this Period

50.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

400.00

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 827 OF 2173

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)  
**A. THOMAS YUKI**

Mailing Address 14800 OKA RD

City State Zip Code  
LOS GATOS CA 95032-

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 23 / 2016

Transaction ID : SA17.351195

Amount of Each Receipt this Period

5.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT; EARMARKED  
CONTRIBUTION FOR DONALD J TRUMP FOR  
PRESIDENT, INC. COMMITTEE ID

Full Name (Last, First, Middle Initial)  
**B. THOMAS YUKI**

Mailing Address 14800 OKA RD

City State Zip Code  
LOS GATOS CA 95032-

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 23 / 2016

Transaction ID : SA17.354409

Amount of Each Receipt this Period

245.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)  
**C. CONNIE ZAPF**

Mailing Address 10709 CREEK STONE CT

City State Zip Code  
DAYTON OH 45458-

FEC ID number of contributing  
federal political committee.

C

Name of Employer

DR. ZAPF

Occupation

PHYSICIAN ASSISTANT /OFFICE MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

405.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 08 / 2016

Transaction ID : SA17.346971

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

350.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 828 OF 2173

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

## **A. CONNIE ZAPF**

Mailing Address 10709 CREEK STONE CT

City State Zip Code  
DAYTON OH 45458-

FEC ID number of contributing  
federal political committee.

C

Name of Employer

DR. ZAPF

Occupation

PHYSICIAN ASSISTANT /OFFICE MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

405.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 29 / 2016

Transaction ID : SA17.348179

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

## **B. CONNIE ZAPF**

Mailing Address 10709 CREEK STONE CT

City State Zip Code  
DAYTON OH 45458-

FEC ID number of contributing  
federal political committee.

C

Name of Employer

DR. ZAPF

Occupation

PHYSICIAN ASSISTANT /OFFICE MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

405.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 11 / 2016

Transaction ID : SA17.349407

Amount of Each Receipt this Period

5.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT; EARMARKED  
CONTRIBUTION FOR DONALD J TRUMP FOR  
PRESIDENT, INC. COMMITTEE ID

Full Name (Last, First, Middle Initial)

## **C. CONNIE ZAPF**

Mailing Address 10709 CREEK STONE CT

City State Zip Code  
DAYTON OH 45458-

FEC ID number of contributing  
federal political committee.

C

Name of Employer

DR. ZAPF

Occupation

PHYSICIAN ASSISTANT /OFFICE MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

405.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 11 / 2016

Transaction ID : SA17.354096

Amount of Each Receipt this Period

95.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

200.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 829 OF 2173

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

## **A. CONNIE ZAPF**

Mailing Address 10709 CREEK STONE CT

City State Zip Code  
DAYTON OH 45458-

FEC ID number of contributing  
federal political committee.

C

Name of Employer

DR. ZAPF

Occupation

PHYSICIAN ASSISTANT /OFFICE MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

405.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 03 / 2016

Transaction ID : SA17.354561

Amount of Each Receipt this Period

5.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT; EARMARKED  
CONTRIBUTION FOR DONALD J TRUMP FOR  
PRESIDENT, INC. COMMITTEE ID

Full Name (Last, First, Middle Initial)

## **B. GEORGE ZELLER**

Mailing Address 105 EAST GRAND AVENUE

City State Zip Code  
MONTVALE NJ 07645-2406

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 23 / 2016

Transaction ID : SA17.347857

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

## **C. STEVEN ZINN**

Mailing Address 20 NOB HILL CIRCLE

City State Zip Code  
AUSTIN TX 78746-

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CAPITOL ANESTHESIOLOGY ASSOCIATION

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 03 / 2016

Transaction ID : SA17.348975

Amount of Each Receipt this Period

5.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT; EARMARKED  
CONTRIBUTION FOR DONALD J TRUMP FOR  
PRESIDENT, INC. COMMITTEE ID

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

110.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 830 OF 2173

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

## **A. STEVEN ZINN**

Mailing Address 20 NOB HILL CIRCLE

City State Zip Code  
AUSTIN TX 78746-

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CAPITOL ANESTHESIOLOGY ASSOCIATION

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 03 / 2016

**Transaction ID : SA17.354038**

Amount of Each Receipt this Period

95.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

## **B. RAPID RESPONSE TELEVISION LLC**

Mailing Address 4850 WRIGHT ROAD

City State Zip Code  
STAFFORD TX 77477

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

111683.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 01 / 2016

**Transaction ID : SA17.84742**

Amount of Each Receipt this Period

25000.00

☐ Memo Item

IN-KIND - CAREY CONTRIBUTION OF TELEVISI

Full Name (Last, First, Middle Initial)

## **C. RHS INVESTMENTS, LLP**

Mailing Address PO BOX 1214

City State Zip Code  
DRIPPING SPRINGS TX 78620-1214

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 30 / 2016

**Transaction ID : SA17.333570**

Amount of Each Receipt this Period

250000.00

☐ Memo Item

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

275095.00

848493.13

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

NAME OF COMMITTEE (In Full)  
GREAT AMERICA PAC

**A. MARY ELLEN APPLEMAN**

Mailing Address 147 THREE CHOPT RD

City	State	Zip Code
LITTLETON	NC	27850

Purpose of Disbursement	REFUND OF CONTRIBUTION
-------------------------	------------------------

Candidate Name \_\_\_\_\_

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

Transaction ID : SB21B.I85891

Amount of Each Disbursement this Period

50.00

 Memo Item

Full Name (Last, First, Middle Initial)

## B. STUART JOLLY

Mailing Address 6341 VALLEY VIEW RD

City	State	Zip Code
EDMOND	OK	73034

Purpose of Disbursement	REIMBURSEMENT (SEE BELOW)
-------------------------	---------------------------

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Date of Disbursement

Transaction ID : SB21B.I85895

Amount of Each Disbursement this Period

587.86

Memo Item

Full Name (Last, First, Middle Initial)

C. STUART JOLLY

Mailing Address 6341 VALLEY VIEW RD

City	State	Zip Code
EDMOND	OK	73034

Purpose of Disbursement	
MILEAGE	

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) ▼		

Date of Disbursement

Transaction ID : SB21B.I85896

Amount of Each Disbursement this Period

253.26

 Memo Item

**SUBTOTAL** of Disbursements This Page (optional).....

**TOTAL** This Period (last page this line number only).....

637.86

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 832 OF 2173

☒ 21b    ☐ 22    ☐ 23    ☐ 24    ☐ 25    ☐ 26  
☐ 27    ☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. HOTEL CRESCENT COURT**

Mailing Address 400 CRESCENT CT

City DALLAS State TX Zip Code 75201

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
06 12 2016

Transaction ID : SB21B.I85917

Amount of Each Disbursement this Period

334.60

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. WALT KILBY**

Mailing Address 2057 ELWIN WAY

City MODESTOO State CA Zip Code 95350

Purpose of Disbursement  
CAREY ACCT: REFUND OF CONTRIBUTION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
06 22 2016

Transaction ID : SB21B.I85873

Amount of Each Disbursement this Period

990.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. ROMAYNE SEWARD**

Mailing Address 1310 NAVAHO DRIVE

City PONTIAC State IL Zip Code 61764

Purpose of Disbursement  
CAREY ACCT: REFUND OF CONTRIBUTION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
06 22 2016

Transaction ID : SB21B.I85872

Amount of Each Disbursement this Period

25.00

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1015.00



**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 833 OF 2173

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. ACCESS NATIONAL BANK**Mailing Address 4221 WALNEY RD  
SUITE 120

City CHANTILLY State VA Zip Code 20151

Purpose of Disbursement  
BANK FEE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	07	/	2016

Transaction ID : SB21B.I85920

Amount of Each Disbursement this Period

50.00
-------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. ELAVON INC.**Mailing Address TWO CONCOURSE PARKWAY  
SUITE 800

City ATLANTA State GA Zip Code 30328

Purpose of Disbursement  
PAYMENT PROCESSING FEES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	01	/	2016

Transaction ID : SB21B.I85903

Amount of Each Disbursement this Period

50.00
-------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. ELAVON INC.**Mailing Address TWO CONCOURSE PARKWAY  
SUITE 800

City ATLANTA State GA Zip Code 30328

Purpose of Disbursement  
PAYMENT PROCESSING FEES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	02	/	2016

Transaction ID : SB21B.I85904

Amount of Each Disbursement this Period

175.00
--------

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

275.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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☒ 21b    ☐ 22    ☐ 23    ☐ 24    ☐ 25    ☐ 26  
☐ 27    ☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. ELAVON INC.**Mailing Address TWO CONCOURSE PARKWAY  
SUITE 800

City ATLANTA State GA Zip Code 30328

Purpose of Disbursement  
PAYMENT PROCESSING FEES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
06 / 02 / 2016

Transaction ID : SB21B.I85905

Amount of Each Disbursement this Period

11303.24

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. ELAVON INC.**Mailing Address TWO CONCOURSE PARKWAY  
SUITE 800

City ATLANTA State GA Zip Code 30328

Purpose of Disbursement  
PAYMENT PROCESSING FEES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
06 / 06 / 2016

Transaction ID : SB21B.I85906

Amount of Each Disbursement this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. ELAVON INC.**Mailing Address TWO CONCOURSE PARKWAY  
SUITE 800

City ATLANTA State GA Zip Code 30328

Purpose of Disbursement  
PAYMENT PROCESSING FEES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
06 / 10 / 2016

Transaction ID : SB21B.I85907

Amount of Each Disbursement this Period

200.00

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

11553.24

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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☒ 21b    ☐ 22    ☐ 23    ☐ 24    ☐ 25    ☐ 26  
☐ 27    ☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. ELAVON INC.**Mailing Address TWO CONCOURSE PARKWAY  
SUITE 800

City ATLANTA State GA Zip Code 30328

Purpose of Disbursement  
PAYMENT PROCESSING FEES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
06 13 2016

Transaction ID : SB21B.I85908

Amount of Each Disbursement this Period

150.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. ELAVON INC.**Mailing Address TWO CONCOURSE PARKWAY  
SUITE 800

City ATLANTA State GA Zip Code 30328

Purpose of Disbursement  
PAYMENT PROCESSING FEES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
06 13 2016

Transaction ID : SB21B.I85909

Amount of Each Disbursement this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. ELAVON INC.**Mailing Address TWO CONCOURSE PARKWAY  
SUITE 800

City ATLANTA State GA Zip Code 30328

Purpose of Disbursement  
PAYMENT PROCESSING FEES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
06 15 2016

Transaction ID : SB21B.I85910

Amount of Each Disbursement this Period

30.00

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

205.00



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 837 OF 2173

☒ 21b    ☐ 22    ☐ 23    ☐ 24    ☐ 25    ☐ 26  
☐ 27    ☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. ELAVON INC.**Mailing Address TWO CONCOURSE PARKWAY  
SUITE 800

City ATLANTA State GA Zip Code 30328

Purpose of Disbursement  
PAYMENT PROCESSING FEES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
06 / 24 / 2016

Transaction ID : SB21B.I85915

Amount of Each Disbursement this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. ELAVON INC.**Mailing Address TWO CONCOURSE PARKWAY  
SUITE 800

City ATLANTA State GA Zip Code 30328

Purpose of Disbursement  
PAYMENT PROCESSING FEES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
06 / 27 / 2016

Transaction ID : SB21B.I85919

Amount of Each Disbursement this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. RAPID RESPONSE TELEVISION LLC**

Mailing Address 4850 WRIGHT ROAD

City STAFFORD State TX Zip Code 77477

Purpose of Disbursement  
PRODUCTION FEES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
06 / 07 / 2016

Transaction ID : SB21B.I85894

Amount of Each Disbursement this Period

3000.00

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

3100.00

17071.10

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 838 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM LEONORA CALLAHAN

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I86456**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM AUSTIN ELLIS

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I86457**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM RON SUNDQUIST

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I86458**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 839 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM R. ANNE SHALE

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86459**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM LINDA HARTLEY

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86460**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM HOMER T TERRY

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86461**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 840 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM DICK GIUFFRE

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I86462**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM GARY MATTHEWS

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I86463**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM AUDREY UNRUH

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I86464**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 841 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM KATHLEEN FRIDLEY

Candidate Name

**DONALD J. TRUMP**

Office Sought:	House
	Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86465**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JAMES FREEL

Candidate Name

**DONALD J. TRUMP**

Office Sought:	House
	Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86466**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM ANN LINDSAY GETTS

Candidate Name

**DONALD J. TRUMP**

Office Sought:	House
	Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86467**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 842 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM GARY BRIDGFORD

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86468**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM IRENE NEAL

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86469**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM KIP CARTER

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86470**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 843 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM MATT MICHAELS

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type

Transaction ID : SB23.I86471

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM MICHAEL FRANKS

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type

Transaction ID : SB23.I86472

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM DIANE ZALOUDEK

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type

Transaction ID : SB23.I86473

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 844 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM TANDY HAGGARD

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type

Transaction ID : SB23.I86474

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JOHN TURNER

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type

Transaction ID : SB23.I86475

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM DIANA E. BISHOP

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type

Transaction ID : SB23.I86476

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 845 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM IRENE RUPANI

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86477**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM MARK RAPIER

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86478**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM ROBERT PAIGE

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86479**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM DAVID GOMES

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86480**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM ILDIKO CSETO STEVENS

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86481**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM NANCY SWEATT

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86482**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 847 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM DAVID AUGUSTA

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86483**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM DAVID BUCHANAN

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86484**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JANE FROTTON

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86485**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 848 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM MANUEL SOUSA

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
TypeTransaction ID : **SB23.I86486**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM DONALD ERICKSON

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
TypeTransaction ID : **SB23.I86487**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM MONTE ICE

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
TypeTransaction ID : **SB23.I86488**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM STELLA CAUSLAND

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86489**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM ALBERT BEARD

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86490**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JOHN MENART

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86491**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM ROGER SOMMER

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86492**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JOYCE BOCKEMUEHL

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86493**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM KATHY BRANDT

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86494**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JEAN GUERRA

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I86495**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM CYNDE GOLDBERG

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I86496**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM DICK JERNIGAN

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I86497**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM KAREN FARLEY

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I86498**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JOHN SANSOM

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I86499**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM MARC ABRAMSON

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I86500**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 853 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM DON EIKERMANN

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type

Transaction ID : SB23.I86501

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM WALTER WALDIE

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type

Transaction ID : SB23.I86502

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM LORENA SCHAFFER

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type

Transaction ID : SB23.I86503

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 854 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM FRANCES ANN WALKER

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86504**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM LIEN EMBERGER

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86505**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM GLENN HARROLD

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86506**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM MARY TUOMY

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86507**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JEFF HAUSMANN

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86508**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM GARY CARNICLE

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86509**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM ELINOR WIEST

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86510**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JIM LITTLE

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86511**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JAMES GRIMMER

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86512**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 857 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM DAVID SANDERS

Candidate Name

**DONALD J. TRUMP**Office Sought: ☐ House  
☐ Senate  
☒ President  
State: District:Disbursement For: 2016  
☐ Primary ☒ General  
☐ Other (specify) ▼Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86513**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM SELVENDRA THURAIRAJAH

Candidate Name

**DONALD J. TRUMP**Office Sought: ☐ House  
☐ Senate  
☒ President  
State: District:Disbursement For: 2016  
☐ Primary ☒ General  
☐ Other (specify) ▼Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86514**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM CHARLES KRAEMER

Candidate Name

**DONALD J. TRUMP**Office Sought: ☐ House  
☐ Senate  
☒ President  
State: District:Disbursement For: 2016  
☐ Primary ☒ General  
☐ Other (specify) ▼Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86515**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 858 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JERZY URBANSKI

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I86516**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM DEBORAH FLYNN

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I86517**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM SAMUEL PENNINGTON

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I86518**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM CLARKE HOWATT

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86519**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM RONALD WEYDERT

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86520**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM CAROLYN & TRIS SWAN

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86521**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM FRANK MARVIN

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86522**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM EDGAR PHILLIPS

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86523**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM AL SOLOMON

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86524**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM DEBORAH KORDA

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86525**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM GUS OWEN

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86526**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM BOBBIE SCHAFFNIT

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86527**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM RICHARD HARP

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86528**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM STEVE GREENE

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86529**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM RICHARD EMERY

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86530**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM SANDRA FOX

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86531**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM PATRICIA J GATES

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86532**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM DEBRA CISAR

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86533**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM ANTHONY LAZZARO

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86534**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM BARBARA BOYD

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86535**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM GEORGE CARPENTER

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86536**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 865 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM PHILIP W. MORTON

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86537**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM HARRY HIRSCHENSOHN

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86538**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM PAUL J MURPHY

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86539**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM GEORGE CESTARO

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86540**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM PATRICIA CORONA

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86541**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM DAVID STUMBAUGH

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86542**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 867 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM WALTER ARELLANO

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86543**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM LESLIE ZAMBRANA

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86544**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM ROLAND SKROBISH

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86545**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM DAN L. DRURY

Candidate Name

**DONALD J. TRUMP**

Office Sought:	House
	Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86546**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM MICHAEL SHOCK

Candidate Name

**DONALD J. TRUMP**

Office Sought:	House
	Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86547**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM RON PROFILI

Candidate Name

**DONALD J. TRUMP**

Office Sought:	House
	Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86548**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JOYCE FOREMAN

Candidate Name

**DONALD J. TRUMP**

Office Sought:	House
	Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86549**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM MELVIN SCHRIER

Candidate Name

**DONALD J. TRUMP**

Office Sought:	House
	Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86550**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM DORIS WOLFE

Candidate Name

**DONALD J. TRUMP**

Office Sought:	House
	Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86551**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM MARIA CONNOR

Candidate Name

**DONALD J. TRUMP**

Office Sought:	House
	Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86552**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM FELICE LIND

Candidate Name

**DONALD J. TRUMP**

Office Sought:	House
	Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86553**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM TED KELLY

Candidate Name

**DONALD J. TRUMP**

Office Sought:	House
	Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86554**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM LORETTA HOPKINS

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86555**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM PATRICIA STEIN

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86556**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM BARBARA BYARS

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86557**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 872 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM WARREN E HOLMGREEN JR.

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86558**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM DAVID RICE

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86559**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM KATHRYN GROVES

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86560**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 873 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM ROBERT RUSSELL

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
TypeTransaction ID : **SB23.I86561**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JULES ELLINGBOE

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
TypeTransaction ID : **SB23.I86562**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JIMMIE BOATRIGHT

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
TypeTransaction ID : **SB23.I86563**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 874 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM MARION MCCARTER

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86564**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JAMES SWIRE

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86565**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM DONNA LATA

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86566**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM SUZANNE BLADES

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86567**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM ED RUFF

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86568**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM RONALD FORCE

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86569**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM DONALD PRATT

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86570**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM KENNETH MEDEARIS

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86571**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JON MOORE

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86572**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 877 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JOHN EDWARDS

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86573**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM LINDA SILOWKA

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86574**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JEROME SOLAN

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86575**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM FRANK TUSSING

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type

Transaction ID : SB23.I86576

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM ELAINE GLASSER

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type

Transaction ID : SB23.I86577

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM GAIL SPELTS

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type

Transaction ID : SB23.I86578

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 879 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JAMES W ROBINSON

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86579**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM THOMAS GRISWOLD

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86580**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM STEPHEN MARTIN

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86581**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JANICE BRYANT

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86582**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM L RONALD HOOVER

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86583**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JAMES SLOWEY

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86584**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 881 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM ALLA KONOPLY

Candidate Name

**DONALD J. TRUMP**Office Sought: ☐ House  
☐ Senate  
☒ President  
State: District:Disbursement For: 2016  
☐ Primary ☒ General  
☐ Other (specify) ▼Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86585**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM VICTOR MCGONEGAL

Candidate Name

**DONALD J. TRUMP**Office Sought: ☐ House  
☐ Senate  
☒ President  
State: District:Disbursement For: 2016  
☐ Primary ☒ General  
☐ Other (specify) ▼Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86586**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM CHARLES FULKS

Candidate Name

**DONALD J. TRUMP**Office Sought: ☐ House  
☐ Senate  
☒ President  
State: District:Disbursement For: 2016  
☐ Primary ☒ General  
☐ Other (specify) ▼Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86587**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 882 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM GEORGE CAYER

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86588**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM PAM KNOX

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86589**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM ALVIS COOPER

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86590**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 883 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM DANNY ROBBINS

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86591**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM PHILIP ARCHIBALD

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86592**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM DAVE ANDRUS

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86593**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 884 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM RICHARD A WHITE

Candidate Name

**DONALD J. TRUMP**Office Sought: ☐ House  
☐ Senate  
☒ President  
State: District:Disbursement For: 2016  
☐ Primary ☒ General  
☐ Other (specify) ▼Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86594**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM GARY SPAULDING

Candidate Name

**DONALD J. TRUMP**Office Sought: ☐ House  
☐ Senate  
☒ President  
State: District:Disbursement For: 2016  
☐ Primary ☒ General  
☐ Other (specify) ▼Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86595**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM KATHERINE KOHRMANN

Candidate Name

**DONALD J. TRUMP**Office Sought: ☐ House  
☐ Senate  
☒ President  
State: District:Disbursement For: 2016  
☐ Primary ☒ General  
☐ Other (specify) ▼Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86596**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM IRENE POTOCKI

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86597**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM LOUIS BOVEN

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86598**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JUDITH BREWER

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86599**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 886 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM ELSA BENINCASA

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86600**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM LESTER HATFIELD

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86601**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM PHYLLIS BONI

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86602**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM TERESA BADER

Candidate Name

**DONALD J. TRUMP**

Office Sought:	House
	Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86603**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM LAWRENCE MILLER

Candidate Name

**DONALD J. TRUMP**

Office Sought:	House
	Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86604**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM HAROLD MORGAN

Candidate Name

**DONALD J. TRUMP**

Office Sought:	House
	Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86605**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 888 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM ROBERT MURPHY

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86606**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JOHN NETTLES

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86607**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JAMES HALSTEAD

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86608**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 889 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM CHARLOTTE WALDEN

Candidate Name

**DONALD J. TRUMP**

Office Sought:	House
	Senate
<input checked="" type="checkbox"/>	President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I86609**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM SARAH MAUER

Candidate Name

**DONALD J. TRUMP**

Office Sought:	House
	Senate
<input checked="" type="checkbox"/>	President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I86610**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM ELIOT GINSBERG

Candidate Name

**DONALD J. TRUMP**

Office Sought:	House
	Senate
<input checked="" type="checkbox"/>	President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I86611**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 890 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM SILVIA ROTBART

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86612**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM PAMELA RATLIFF

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86613**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM DANIEL SEXTON

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86614**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM PATRICIA POULSON

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I86615**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM PAM CHAPMAN

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I86616**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM BEVERLY PIZZURRO

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I86617**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM DEBORAH BRAWLEY

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86618**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM NANCY KENNEY

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86619**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM WILLIAM PARISH

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86620**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM KIM SHIELDS

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type

Transaction ID : SB23.I86621

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM GARY GRAHAM

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type

Transaction ID : SB23.I86622

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM DAVID HARRISON-TRIMBLE

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type

Transaction ID : SB23.I86623

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JOYCE JANELLE BATES

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86624**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM FRED KESSLER

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86625**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM KIRK MOSES

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86626**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM GAIL KATZ

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86627**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JOHN SHATTUCK

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86628**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM MARGARET TERMINELLO

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86629**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM CRISTINA GANT

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86630**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM DON DESANTI

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86631**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM THOMAS RIGG

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86632**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 897 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM LAURENCE PARKER

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86633**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JOE ZAMORA

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86634**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM SISTER JEANANNE SUTTON

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86635**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 898 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM ROBERT PARK

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86636**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM MICHAEL CHUNE

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86637**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM MARION MCCARTY

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86638**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 899 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JEANETTE ORLIC

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86639**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM MARIAN LEWIS

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86640**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM CALVIN NYBERG

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86641**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 900 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM ANN NUCCIO

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86642**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM KITTIE L LONG

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86643**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM PAMELA SKOVIRA

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86644**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 901 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM PATRICK J SHEEHAN

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86645**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM GREG STINSON

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86646**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM RAYMOND NOVELLY

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86647**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 902 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JAMES PETERSON

Candidate Name

**DONALD J. TRUMP**Office Sought: ☐ House  
☐ Senate  
☒ President  
State: District:Disbursement For: 2016  
☐ Primary ☒ General  
☐ Other (specify) ▼Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	08	/	2016

**Transaction ID : SB23.I86648**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM WARREN ROSENBAUM

Candidate Name

**DONALD J. TRUMP**Office Sought: ☐ House  
☐ Senate  
☒ President  
State: District:Disbursement For: 2016  
☐ Primary ☒ General  
☐ Other (specify) ▼Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	08	/	2016

**Transaction ID : SB23.I86649**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM VERONICA KUMMER

Candidate Name

**DONALD J. TRUMP**Office Sought: ☐ House  
☐ Senate  
☒ President  
State: District:Disbursement For: 2016  
☐ Primary ☒ General  
☐ Other (specify) ▼Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	08	/	2016

**Transaction ID : SB23.I86650**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 903 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM APRIL STERLACHINI

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type

Transaction ID : SB23.I86651

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM DENISE COFFEY

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type

Transaction ID : SB23.I86652

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM DANIEL SHAW

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type

Transaction ID : SB23.I86653

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 904 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM RICHARD LEARY

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I86654**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM WILLIAM HART

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I86655**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM BOBBY CULP

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I86656**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM FRANCESCO DE VITO

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86657**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JOSE PEREZ

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86658**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JERRY MILTON

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86659**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 906 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM EDWARD SUPERFON

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I86660**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM RALPH SHUFELDT

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I86661**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM PATRICIA KOMOROUS

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I86662**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JON RASHID

Candidate Name

**DONALD J. TRUMP**

Office Sought:	House
	Senate
<input checked="" type="checkbox"/>	President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I86663**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JOHN KEATING

Candidate Name

**DONALD J. TRUMP**

Office Sought:	House
	Senate
<input checked="" type="checkbox"/>	President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I86664**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM MICHAEL GANNON

Candidate Name

**DONALD J. TRUMP**

Office Sought:	House
	Senate
<input checked="" type="checkbox"/>	President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I86665**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 908 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM LTC R D BRADSHAW

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type

Transaction ID : SB23.I86666

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM ALLEN HUTTON

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type

Transaction ID : SB23.I86667

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM MARILYN CONES

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type

Transaction ID : SB23.I86668

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 909 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JULIANNE BIEHL

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86669**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM SALLY ANDERSON

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86670**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM FLOYD BLOOM

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86671**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 910 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM BILL GREENE

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86672**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM SUE DUNCAN

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86673**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM STEVE CONGER

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86674**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 911 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM MICHAEL CAMPBELL

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I86675**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM ROY SNYDER

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I86676**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM EUGENE HAECKEL

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I86677**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 912 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM H ALFRED GEORGE

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86678**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM YVETTE STREAHLE

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86679**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM LELA E. MADERA

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86680**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 913 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM DUANE MASSOLL

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I86681**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM DAN REEVES

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I86682**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM SCOTT KINCAID

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I86683**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 914 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM ERNEST WOLFE

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86684**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM PATRICIA FINCH

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86685**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM GARY WILSON

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86686**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 915 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM RICHARD LOOKABAUGH

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86687**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM LEE S

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86688**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM ROBERT TERRELL

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86689**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 916 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JOE ZUNIGA

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86690**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM STEVEN ZINN

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86691**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM RALPH O'DELL

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86692**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 917 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM STEVE PEET

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86693**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM RICHARD DOYLE

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86694**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM SARA SCHMIDT

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86695**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 918 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM MICHAEL JOHNSON

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I86696**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM MIKE STAATS

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I86697**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM CHERYL WILSON

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I86698**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 919 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM DIANA DE NIGHT

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I86699**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM RICHARD KOHR

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I86700**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM DONALD EDGAR LOTT

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I86701**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM ROBERT GEAN

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86702**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM ROBERT MOORE

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86703**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JOHN MIHM

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86704**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM DENNIS TAYLOR

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I86705**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JOHN HOWELL

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I86706**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM GARNELLA TOMICH

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I86707**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM ROBERT WASHBURN

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86708**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM PERRY QUINN

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86709**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM DANN MCKEE

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86710**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM CAROLYN WIMPEE

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
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<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86711**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM DENNIS JACKSON

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86712**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM FREDERICK STERICKER

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86713**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 924 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM DARRELL SWANGER

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86714**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JAMES STUCKY

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86715**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM TIFFANY METZ

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86716**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 925 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM MARTHA STERNER

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I86717**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM DONALD BROOKS

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I86718**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM DAVID FRITZ

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I86719**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 926 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JOHN TAYLOR

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I86720**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JACQUELINE COURTWRIGHT

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I86721**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM NADA GRAVES

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I86722**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 927 OF 2173

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<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JEANINE DEVINE

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86723**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JAMES SUNDQUIST

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86724**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM GARY PIGG

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86725**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 928 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM TOM MUSE

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86726**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM DEAN A GELLERT

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86727**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM GARY LIMING

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86728**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

15.00



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM CHARLES CAPOSELL

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86729**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM ROBERT P. LUTZ

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86730**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM GLEN EMERY

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86731**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM THEODORE KOVEN

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86732**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM FRED H MEYER

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86733**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JULIE KNOWLES

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86734**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM MYRA J MYERS

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86735**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM THOMAS GRADY

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86736**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM SUSAB ASH

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86737**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 932 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM MICHAEL CANEPA

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I86738**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM DAVID DUNAK

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I86739**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM EDWARD NOWOKUNSKI

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I86740**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 933 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM ELIZABETH STORMS

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I86741**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM ALPHONSE VIRGILIO

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I86742**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM ROBERT FROST, SR.

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I86743**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 934 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM CHARLES MADISON

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86744**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM GLENDA LOMBARDO

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86745**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM BRIAN SILLANPAA

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86746**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM C V JONES

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86747**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM DAVE DECKER

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86748**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM GEORGE BAILEY

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86749**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM DAYTON SMITH

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I86750**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM RAYMOND PROULX

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I86751**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM CLIFFORD FRY

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I86752**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 937 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM ERIC READ

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I86753**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM WILLIAM DOUGHERTY

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I86754**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM CHRISTIE SLATCHER

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I86755**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM TERRY MCINTYRE

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86756**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM SAMUEL OWINGS

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86757**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM MARVIN TUTTLE

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86758**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JOEL KUNKEL

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86759**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM WILLIAM BACKS

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86760**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM FRANK YONISH

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86761**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 940 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM YVONNE EAMES

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I86762**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM BARRIE CILIBERTI

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I86763**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM STEVEN MORIN

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I86764**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 941 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM PATRICK DAVIS

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86765**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM RONALD HELWIG

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86766**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM MARTIN LOWENSTEIN

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86767**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JANE CHIARAMONTE

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86768**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM ANN FISHER

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86769**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM DOUG BYRD

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86770**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM NANCY DEUSSEN

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86771**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM SUSAN PACE

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86772**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM WALKER MIXON

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86773**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM DENIS STERND AHL

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86774**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM BLAKE ROBERTS

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86775**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM DARRELL ASTOR

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86776**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM MYRLE H JONES

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86777**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JAMES T BORGER

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86778**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM KENT BORKOVEC

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86779**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM MICHAEL CAPATINA

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86780**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM WILLIAM C JOHNSON

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86781**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM MARIA CAMACHO

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86782**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM ROBERT GARBISCH

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86783**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JAMES P STEVENS

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86784**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM ROBERT KNIGHT

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86785**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM RALPH PETERSON

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
TypeTransaction ID : **SB23.I86786**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JOSEPH MATARAZZO

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
TypeTransaction ID : **SB23.I86787**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM CELESTE TEODOR

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
TypeTransaction ID : **SB23.I86788**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM DON JOHNSON

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86789**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM DOUGLAS FERRAEZ

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86790**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM WH ELSE

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86791**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 950 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM STEVEN REED

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86792**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM THERESA WELCH

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86793**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM ERNEST ZINGG

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86794**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM BRUCE ZIMMERMAN

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86795**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM MATT CLABAUGH

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86796**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM KENNETH BRIMMER

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86797**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 952 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM SHERRY BOWDEN

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I86798**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM MIKE RISOLA

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I86799**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM FLORA O'SULLIVAN

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I86800**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM VIRGINIA WEILANDICH

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86801**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM WILISA SPEED

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86802**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JEFFREY KILGARIFF

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86803**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM LOUISE SULTANA

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I86804**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM AUDREY MARTINEZ

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I86805**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM WILLIAM HALL

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I86806**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 955 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM HENRY KULIK

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86807**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM BARTON PRIDE

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86808**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM THOMAS WARD

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86809**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 956 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM MICHAEL ABBETT

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I86810**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM BEVERLY SEVERANCE

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I86811**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM LOLITA RECILE

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I86812**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 957 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM WILLIAM TYLER

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86813**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM DOUG GAREY

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86814**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM VIRGIL HUNTLEY

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86815**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM ARTHUR JACKSON

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I86816**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM HERBERT LANTINGA

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I86817**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM SHERWIN BELVEAL

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I86818**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 959 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JIM SPENCER

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86819**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM EDWARD KRUMBAH

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86820**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM LIZ HALL

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86821**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM DANNY DRENNAN

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86822**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM DONALD MINYARD

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86823**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM LARRY FAIRBROTHER

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86824**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 961 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM THOMAS PROCTOR

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86825**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM ERIN LARSON

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86826**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM MARIE OLIVEIRA

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86827**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM SHARON GREEN

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86828**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM DICK MOCKLER

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86829**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM RONALD HILLS

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86830**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 963 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JOSEPH HARDEN

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86831**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM R ROYER

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86832**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM EDWIN MC DONALD

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86833**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JOSHUA KIRMAN

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I86834**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM GARY KNUEPPEL

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I86835**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JOAN SCHMIDT

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I86836**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 965 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM CORINNE MICHELS

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86837**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM LILIA MORRAZ

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86838**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM RICHARD STANLEY

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86839**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 966 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM CRAIG HENRY

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86840**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM WAYNE STACEY

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86841**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM RONALD FAVA

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86842**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM ARVEL THARP

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I86843**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM ALBERT COHEN

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I86844**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM CAROLE ALLEY

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I86845**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 968 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM ROBERT MCCOY

Candidate Name

**DONALD J. TRUMP**Office Sought: ☐ House  
☐ Senate  
☒ President  
State: District:Disbursement For: 2016  
☐ Primary ☒ General  
☐ Other (specify) ▼Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86846**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM HEATHER SILVERMAN

Candidate Name

**DONALD J. TRUMP**Office Sought: ☐ House  
☐ Senate  
☒ President  
State: District:Disbursement For: 2016  
☐ Primary ☒ General  
☐ Other (specify) ▼Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86847**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM RICHARD MOLINARI

Candidate Name

**DONALD J. TRUMP**Office Sought: ☐ House  
☐ Senate  
☒ President  
State: District:Disbursement For: 2016  
☐ Primary ☒ General  
☐ Other (specify) ▼Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86848**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM RICHARD EHRHARDT

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86849**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM VICKIE WOODRING

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86850**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM LEONA TOWNSEND

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86851**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM DIANE SCRIBNER

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86852**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM RONALD SELLERS

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86853**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JAMES MCFERRIN

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86854**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 971 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM PETER SHARPE

Candidate Name

**DONALD J. TRUMP**Office Sought: ☐ House  
☐ Senate  
☒ President  
State: District:Disbursement For: 2016  
☐ Primary ☒ General  
☐ Other (specify) ▼Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86855**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM ANDREW CILENTI

Candidate Name

**DONALD J. TRUMP**Office Sought: ☐ House  
☐ Senate  
☒ President  
State: District:Disbursement For: 2016  
☐ Primary ☒ General  
☐ Other (specify) ▼Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86856**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM STEPHEN D. HAYMES

Candidate Name

**DONALD J. TRUMP**Office Sought: ☐ House  
☐ Senate  
☒ President  
State: District:Disbursement For: 2016  
☐ Primary ☒ General  
☐ Other (specify) ▼Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86857**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM PATRICK MURPHY

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86858**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JOE RENFRO

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86859**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM ROBERT MADDEN

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86860**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM DANIEL J DAVIS

Candidate Name

**DONALD J. TRUMP**

Office Sought:	House
	Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86861**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM FRANS NIGGEBRUGGE

Candidate Name

**DONALD J. TRUMP**

Office Sought:	House
	Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86862**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM ROBERT BATTERSON

Candidate Name

**DONALD J. TRUMP**

Office Sought:	House
	Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86863**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM TRUDY COLFLESH

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86864**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM SALLIE ANN BRINTON

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86865**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM FRANK OLIVA

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86866**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JOHN LINEN

Candidate Name

**DONALD J. TRUMP**

Office Sought:	House
	Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86867**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM BARKLEY HENDRIX

Candidate Name

**DONALD J. TRUMP**

Office Sought:	House
	Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86868**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM HARRY MITCHELL

Candidate Name

**DONALD J. TRUMP**

Office Sought:	House
	Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86869**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM OLIVER MORGAN

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86870**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM PHILIP BERNIER

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86871**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM MARK HAMILL

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86872**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM STANLEY WOLCZYK

Candidate Name

**DONALD J. TRUMP**

Office Sought:	House
	Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86873**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM TONY BOWMAN

Candidate Name

**DONALD J. TRUMP**

Office Sought:	House
	Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86874**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM ELLEEN BRITTON

Candidate Name

**DONALD J. TRUMP**

Office Sought:	House
	Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86875**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM KATHY ADUBATO

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86876**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM GUY DUNHAM

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86877**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM GAYLE LEE FAIRLESS

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86878**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 979 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM SCOTT STERLING

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86879**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM RANDALL CASTRO

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86880**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM DENNIS REUTZEL

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86881**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM CAROLEENE BASHARA. AT

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86882**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JUDI RICHARD

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86883**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM KAREN JACOB

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86884**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 981 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM BARBARA CARPENTER

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86885**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM PRISCILLA KENNEDY

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86886**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM DAVID HAN

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86887**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM THOMAS HARRISON

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86888**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM RONALD STEWART

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86889**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM MIKE WAGNER

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86890**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM PAUL GRIPARICH

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86891**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM CATHERINE DUPONT

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86892**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JOSEPH STEELE

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86893**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM ROBERT SCHWEICKERT

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86894**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM ERMANNO DAMIANI

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86895**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM PATRICK SULLIVAN

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86896**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 985 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM DAVID BROWNING

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I86897**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM EVELYN ROBERTS

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I86898**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM LORENZO TALATALA

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I86899**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 986 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM MICHAEL POTTER

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I86900**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM WILLIAM FONSECA

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I86901**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM SIERRA NELSON

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I86902**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM RALPH PORTER

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86903**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM HAROLD BRIGHT

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86904**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM SUE PAGEL

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86905**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM RICHARD TREMAINE

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86906**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM BILL CORP

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86907**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM VALERI STEPHENS

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86908**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM KEN FORD

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86909**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM PAMELA BULLOCK

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86910**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM ROBERT BEAN

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86911**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM ROBERT HIGHLAND

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I86912**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM MARIE CARSON

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I86913**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM KENNETH GREYWALL

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I86914**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 991 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM MICHAEL FIELD

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86915**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM ANN C IVERSON

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86916**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM MARY GUARDALABENE

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86917**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM DOROTHY LANGWORTHY

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86918**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JOHN NELSON

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86919**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM PATRICIA PETERSON

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86920**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 993 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM ARTTHUR R. LAENGRICH

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I86921**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM BEN CLEMENT

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I86922**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JOHN LATTER

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I86923**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 994 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM ROBERTA HAMLINGTON

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86924**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM SYLVIA LONG

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86925**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM GREG WORSLEY

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86926**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM RONALD LIEBL

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86927**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM EDWARD NAWY

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86928**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JOHN LEHMAN

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86929**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 996 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM MARGARET SMITH

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86930**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM BETTE CARMER

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86931**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM GEORGE GLICKLEY

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86932**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JOHN M WHITE JR.

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86933**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM KENTON GAST

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86934**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM PETER EWING

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86935**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JOAN LOUGHRAN

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86936**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM BRY-ANN RUBEY

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86937**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM SUSAN BREWER

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86938**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM ELIZABETH SOOS

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86939**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM FRANCES SESSA

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86940**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM DAVID DANIELS

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86941**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM LORNA PAQUIN

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I86942**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM TIM ELLIS

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I86943**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM DEBORAH MAGGIACOMO

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I86944**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1001 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM SCOTT ZIERMAN

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type

Transaction ID : SB23.I86945

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM BRUCE STRATTON

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type

Transaction ID : SB23.I86946

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM CHARLES MARINO

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type

Transaction ID : SB23.I86947

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM LINDA WOODARD

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86948**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM LOIS GRAY

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86949**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM MARC SORENSON

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86950**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM CAROL BRADY

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86951**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM BETTY LUKICH

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86952**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM GLORIA DOWNING

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86953**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM GARY SERBIN

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I86954**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM ARTHUR BUFF

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I86955**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM SHARON TIPTON

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I86956**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1005 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM MARY HOWARD

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86957**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM ANN FIENI

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86958**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM LOUISE GORMLEY

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86959**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City NEW YORK State NY Zip Code 10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM LORENA ASHCROFT-JACKSON

Candidate Name

**DONALD J. TRUMP**Office Sought: ☐ House  
☐ Senate  
☒ President  
State: District:Disbursement For: 2016  
☐ Primary ☒ General  
☐ Other (specify) ▼Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86960**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City NEW YORK State NY Zip Code 10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM FREDERICK FOLTZ

Candidate Name

**DONALD J. TRUMP**Office Sought: ☐ House  
☐ Senate  
☒ President  
State: District:Disbursement For: 2016  
☐ Primary ☒ General  
☐ Other (specify) ▼Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86961**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City NEW YORK State NY Zip Code 10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM CHARLES SPINOSA

Candidate Name

**DONALD J. TRUMP**Office Sought: ☐ House  
☐ Senate  
☒ President  
State: District:Disbursement For: 2016  
☐ Primary ☒ General  
☐ Other (specify) ▼Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86962**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM CARL BEAUDET

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86963**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM EUGENE STOMBLER

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86964**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM ROGER NELSON

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86965**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1008 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM MAUREEN GAHAN

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I86966**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM BRENT EATON

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I86967**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM CINDY T. WITHERS

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I86968**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1009 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JOANNE MURPHY

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86969**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM CECILIA SHORR

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86970**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM LOLA ZUMBRUNNEN

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86971**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1010 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM LAURIE BAKER

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86972**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM NANCY COOK

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86973**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM FRANKLIN RITTER

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86974**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM R.J. BREWER

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86975**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM NANCY MOORE

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86976**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM GLORIS FRIGERI

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86977**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM MICHAEL TODD

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type

Transaction ID : SB23.I86978

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM RICHARD LEE

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type

Transaction ID : SB23.I86979

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM ANGELA MARTIN

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type

Transaction ID : SB23.I86980

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1013 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JAMES BURNETT

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I86981**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM RICHARD AUFFREY

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I86982**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM MARK HILLYARD

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I86983**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM SCOTT PINTA

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I86984**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM DELIA FRANCISCO

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I86985**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM ALEXANDER ORLOFF

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I86986**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM EVERETT HUBBARD

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86987**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM ARTHUR SHELBOURNE

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86988**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM DOC LOUGHRAN

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86989**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM VALERIE WHITEMAN

Candidate Name

**DONALD J. TRUMP**

Office Sought:	House
	Senate
<input checked="" type="checkbox"/>	President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I86990**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM DOUGLAS STEINHAUER

Candidate Name

**DONALD J. TRUMP**

Office Sought:	House
	Senate
<input checked="" type="checkbox"/>	President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I86991**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM PAUL CAVOLT

Candidate Name

**DONALD J. TRUMP**

Office Sought:	House
	Senate
<input checked="" type="checkbox"/>	President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I86992**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1017 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM THOMAS POWELL

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I86993**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM LOUANN LEE

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I86994**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM CONNIE ZAPF

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I86995**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1018 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM PAULA RENAUD

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86996**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM WILLIAM WIGGINS

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86997**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM KENNETH BOYD

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I86998**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM STEVEN RODGERS

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I86999**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM LAWRENCE IGNACIO

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I87000**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM KATHERINE RAY

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I87001**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1020 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM WILLIAM LOKAY

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I87002**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JAN AXTELL

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I87003**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM SANTIAGO MORALES JR.

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I87004**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM DAVID ALLISON

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President  
 State: District:

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼
Category/  
Type**Transaction ID : SB23.I87005**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JOHN PETERSON

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President  
 State: District:

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼
Category/  
Type**Transaction ID : SB23.I87006**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM FRANCES QUINN

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President  
 State: District:

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼
Category/  
Type**Transaction ID : SB23.I87007**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1022 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM HELEN COLEMAN

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I87008**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM ROBERT J PPLISH

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I87009**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM VINCENT DENT

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I87010**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1023 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM HOLLY STAVIS

Candidate Name

**DONALD J. TRUMP**Office Sought: ☐ House  
☐ Senate  
☒ President  
State: District:Disbursement For: 2016  
☐ Primary ☒ General  
☐ Other (specify) ▼Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I87011**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JEAN PODOLSKY

Candidate Name

**DONALD J. TRUMP**Office Sought: ☐ House  
☐ Senate  
☒ President  
State: District:Disbursement For: 2016  
☐ Primary ☒ General  
☐ Other (specify) ▼Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I87012**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM LOYCE WALKER

Candidate Name

**DONALD J. TRUMP**Office Sought: ☐ House  
☐ Senate  
☒ President  
State: District:Disbursement For: 2016  
☐ Primary ☒ General  
☐ Other (specify) ▼Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I87013**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1024 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JOSEPH THORNLOW

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I87014**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JIM SCHWIESOW

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I87015**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM SAM FINLEY

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I87016**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1025 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM TOSHIO OZEKI

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I87017**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM HERMAN MARMON

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I87018**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM ANITA INLOW

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I87019**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1026 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM PETER TINUCCI

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I87020**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM DARREL D BAILEY

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I87021**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM MARY SPEER

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I87022**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1027 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM DANNY VAN GALDER

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I87023**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM DEBBIE ANDRLE

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I87024**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM ALAN LESLIE

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I87025**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1028 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM DENNIS WILHAM

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I87026**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM SABINA PELLO

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I87027**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM CHAS HOLMAN

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I87028**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1029 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JAMES BOOTH

Candidate Name

**DONALD J. TRUMP**Office Sought: ☐ House  
☐ Senate  
☒ President  
State: District:Disbursement For: 2016  
☐ Primary ☒ General  
☐ Other (specify) ▼Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I87029**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM ROSA RODRIGUEZ

Candidate Name

**DONALD J. TRUMP**Office Sought: ☐ House  
☐ Senate  
☒ President  
State: District:Disbursement For: 2016  
☐ Primary ☒ General  
☐ Other (specify) ▼Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I87030**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM SAMUEL HARRIS

Candidate Name

**DONALD J. TRUMP**Office Sought: ☐ House  
☐ Senate  
☒ President  
State: District:Disbursement For: 2016  
☐ Primary ☒ General  
☐ Other (specify) ▼Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I87031**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1030 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM RICHARD DAY

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President  
 State: District:

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼
Category/  
Type**Transaction ID : SB23.I87032**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JUNE KOONTZ

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President  
 State: District:

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼
Category/  
Type**Transaction ID : SB23.I87033**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JUDY BURNS

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President  
 State: District:

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼
Category/  
Type**Transaction ID : SB23.I87034**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1031 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM RONALD DOMAS

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type

Transaction ID : SB23.I87035

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM FRANK J TORCHIA

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type

Transaction ID : SB23.I87036

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM RONALD ROSE

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type

Transaction ID : SB23.I87037

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1032 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM WILFRED J. CLIFFORD

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I87038**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM DAVID DETERS

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I87039**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM ARNOLD POREMBA

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I87040**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1033 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM SCOTT ADAMS

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type

Transaction ID : SB23.I87041

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM WALTER GERHARDT

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type

Transaction ID : SB23.I87042

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM WILLIAM DABBS

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type

Transaction ID : SB23.I87043

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1034 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM WADE MAZZUCA

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I87044**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM ROBERT PERSKY

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I87045**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM MURIEL M EDWARDS

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I87046**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1035 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM DOREEN POTTIOS

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I87047**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM HOMER T TERRY

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I87048**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM ALICE CARRIS

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I87049**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1036 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM THOMAS ANGELOZZI

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I87050**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM AUBREY & LINDA HAYDEN

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I87051**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM DENNIS KABES

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I87052**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1037 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM SAM STERLING

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I87053**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM CLEM POTELUNAS

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I87054**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JOAN REILLY

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I87055**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1038 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM GARRETT MATHIESON

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I87056**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM PAUL YAMIN

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I87057**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM DONALD FARMER

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I87058**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1039 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM CLARENCE JOHNSON

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I87059**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM ADRIENNE CERF

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I87060**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM CHARLES LOGAN

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I87061**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1040 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM RUTH RICHARDSON

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type

Transaction ID : SB23.I87062

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM GAYLORD HOYT

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type

Transaction ID : SB23.I87063

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM MARY DUCKETT

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type

Transaction ID : SB23.I87064

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1041 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM PEGGY HOFFMAN

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I87065**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM PAULA CHITTENDEN

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I87066**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM MARYANN BENTLEY

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I87067**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1042 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM SANFORD TILLMAN

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I87068**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM ROBERT KRONING

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I87069**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM ROBERT CARMODY

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I87070**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1043 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM ALAN CRIDER

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I87071**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM BRUCE HOEGH

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I87072**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM TIMOTHY STRAUS

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I87073**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM MARY ANN HARTZLER

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I87074**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JOHN O' CONNOR

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I87075**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JIM QUINLAN

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I87076**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM REX FURR

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I87077**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM ELIZABETH JOHNSON

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I87078**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM DOLORES MOHLER

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I87079**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM WILLIAM ISGETT

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I87080**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM NANCY PAYNE

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I87081**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM LORRAINE MCCULLY

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I87082**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1047 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JOHN GILBERT

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President  
 State: District:

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼
Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I87083**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM WILLIAM CHARLES

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President  
 State: District:

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼
Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I87084**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM ANNIE GAUCI

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President  
 State: District:

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼
Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I87085**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1048 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM STEPHEN WEISS

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I87086**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM SUSAN HARMON

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I87087**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM LEW WALLACE

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I87088**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1049 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM MARLIN L. JACOBS

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I87089**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM ROBERT CALABRO

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I87090**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM CLIFF PLUARD SR.

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I87091**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM PENNY LUDOLPH

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I87092**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM WILLIAM FLEMING

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I87093**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM REX WILLIAMS

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I87094**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JAMES MC CORMACK

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I87095**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM DOLLY BRANSCOME

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I87096**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM NORMAN KRAUSS, DDS

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I87097**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM DAN STUTZMAN

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I87098**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM KEITH AND KAREN ADDRESS

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I87099**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM HOWARD WEISS

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I87100**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1053 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM LARRY HAMPLE

Candidate Name

**DONALD J. TRUMP**Office Sought: ☐ House  
☐ Senate  
☒ President  
State: District:Disbursement For: 2016  
☐ Primary ☒ General  
☐ Other (specify) ▼Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I87101**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM DON THOMPSON

Candidate Name

**DONALD J. TRUMP**Office Sought: ☐ House  
☐ Senate  
☒ President  
State: District:Disbursement For: 2016  
☐ Primary ☒ General  
☐ Other (specify) ▼Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I87102**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM GLADYS CLEMMENSEN

Candidate Name

**DONALD J. TRUMP**Office Sought: ☐ House  
☐ Senate  
☒ President  
State: District:Disbursement For: 2016  
☐ Primary ☒ General  
☐ Other (specify) ▼Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I87103**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1054 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM DAVID BRUNETTE

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I87104**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM VERDO BARNHOUSE

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I87105**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM NANCY PERKINS

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I87106**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1055 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM M HARBIN

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I87107**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM PHIL STEPHENS

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I87108**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM EVELYN DODD

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I87109**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1056 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM LADELL CROOKSRON

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I87110**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM MARVIN DINOWITZ

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I87111**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JAMES STROM

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I87112**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1057 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM ROBERT LEWALLEN

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I87113**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM DANIEL MERCALDO

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I87114**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM ROSEMARY WAMPLER

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I87115**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1058 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JEAN ANDERS

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I87116**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM RICHARD PARKS

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I87117**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM SONYA MURPHREE

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I87118**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM EILEEN WILLIAMS

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I87119**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM ROBERT EDWARDS

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I87120**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM GEORGE WILSON

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I87121**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM LARRY DEAN

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I87122**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM LOIS COPLEY

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I87123**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM RAY L & BONNIE G CARAWAY SR.

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I87124**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM DARNELL USSERY

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I87125**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JAMES WIXSON

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I87126**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JAN QUINLAN

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I87127**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM BARBARA MILLER

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I87128**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM DENVER MEDLEY

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I87129**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM CHARLES JOHNSON

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I87130**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1063 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM PAUL THOMAS

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I87131**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM KATHY OWEN

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I87132**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM ROGER BROGREN

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I87133**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1064 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM MICHAEL MCKITO

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I87134**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM DAVID ARMSTRONG

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I87135**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JESS SCHMOKER

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I87136**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM SHERRON BURNS

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I87137**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM MARGE BARILOTTI

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I87138**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM WANDA CHAPALA

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I87139**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1066 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM LAURENCE SCHIFFENHAUS

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I87140**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM HAZEL WHITMAN

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I87141**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM PHYLLIS POWELL

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I87142**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		08		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM ADEMOLA AFOLABI

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I87143**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		08		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM MARY SELLERS

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I87144**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		08		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM RONALD JERIS

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I87145**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM MICKEY HOFFMAN

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I87146**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM LONNY ADAMS

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I87147**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM MARLA SHAW

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I87148**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1069 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM GERALD KLEIN

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I87149**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM ORD FINK

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I87150**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM CHARLES MARTINOLICH

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I87151**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1070 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City NEW YORK State NY Zip Code 10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM ALBERT WILKINS

Candidate Name

**DONALD J. TRUMP**Office Sought: ☐ House  
☐ Senate  
☒ President  
State: District:Disbursement For: 2016  
☐ Primary ☒ General  
☐ Other (specify) ▼Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I87152**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City NEW YORK State NY Zip Code 10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM LILA JANE TIBBITTS

Candidate Name

**DONALD J. TRUMP**Office Sought: ☐ House  
☐ Senate  
☒ President  
State: District:Disbursement For: 2016  
☐ Primary ☒ General  
☐ Other (specify) ▼Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I87153**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City NEW YORK State NY Zip Code 10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM J COLLEEN RUSSELL

Candidate Name

**DONALD J. TRUMP**Office Sought: ☐ House  
☐ Senate  
☒ President  
State: District:Disbursement For: 2016  
☐ Primary ☒ General  
☐ Other (specify) ▼Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I87154**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1071 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM KENNETH PITTMAN

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I87155**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM HARLEY MCGARRY

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I87156**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM DAVID REDMOND

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I87157**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JAMES HAYS

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I87158**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM RICK MALATESTA

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I87159**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM POLLY W CORNWELL

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I87160**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM ROBERT ARMOUR

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I87161**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM FRED O BROWN

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I87162**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM CLETE KELLY

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I87163**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM BILL GARNER

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type

Transaction ID : SB23.I87164

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM CHARLES STINSON

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type

Transaction ID : SB23.I87165

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM SANDY JAY

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type

Transaction ID : SB23.I87166

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM R. M. MILLUSH-KNAUS

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I87167**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JIM W PFEIFFER

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I87168**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JUANA RAE WOLLENHAUPT

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I87169**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM RONALD KESSLER

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I87170**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM THOMAS MCPETERS

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I87171**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM IRA OLIVER

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I87172**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1077 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM DAVID HULSE

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I87173**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM WILLIAM STIVERS

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I87174**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM PATRICIA FLOOD

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I87175**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1078 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM ARTHUR J. DELUCA

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I87176**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JUNE MADISON

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I87177**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM VIRGINIA COHEN

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I87178**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1079 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM WILLIAM GREAVES

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I87179**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM RAOUF MIKHAIL

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I87180**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM GEORGE KING

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I87181**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1080 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM BILL STECHER

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I87182**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM DOFFIE LEWIS

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I87183**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JERRY CADLE

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I87184**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM ELAINE WARD

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I87185**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JOHN DUNAWAY

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I87186**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM ROBERT BRADLEY

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I87187**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM CLAUDIA BREUNIG

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I87188**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JAMES ARWOOD

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I87189**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM DON & PEGGY LOVELESS

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I87190**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM LARRY FARR

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I87191**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM YVONNE CURTIS

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I87192**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM MARIE SUTPHIN

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I87193**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM BARBARA MCCORMICK

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I87194**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JENNIFER HUGHES

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I87195**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM LYNNE JUSTICE

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I87196**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JOHN BRIDGES

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I87197**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM DEBORAH SCHMEDES

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I87198**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM RONALD D COSMAN

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I87199**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM ARCHIE COOK

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I87200**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JULIA KULICK

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I87201**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JUSTINE KIRKWOOD

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I87202**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1087 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM CHERYL WILSON

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I87203**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM THOMAS NORMAN

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I87204**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM DALE WRIGHT

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I87205**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM LEE SIEMS

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I87206**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM BRUCE REED

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I87207**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM WILLIAM SHAFFER

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I87208**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM BEVERLY IAMETTI

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I87209**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM DEBORAH ETHERIEDGE

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I87210**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM BILL HARRIS

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I87211**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1090 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM MALCOLM DAIGLE

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I87212**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM BONNIE J. HAGANS

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I87213**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM ALICE MANSFIELD

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I87214**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JEAN ASHER

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I87215**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM EDWARD STEVENS

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I87216**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM GERALD STUCKY

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB23.I87217**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1092 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM KITTY CORBETT

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I87218**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM RUSSELL WILSON

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I87219**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM SUZANNE JEFFREY

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I87220**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM MARCIA LANDINO

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		13		2016

**Transaction ID : SB23.I87221**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM TRENT CHAPMAN

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		13		2016

**Transaction ID : SB23.I87222**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JOYCE STAFFORD

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		13		2016

**Transaction ID : SB23.I87223**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1094 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		13		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM PHILIP VARNAK

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I87224**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		13		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM RONALD WHIPPLE

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I87225**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		13		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JEFF POKRANT

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I87226**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1095 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM NICK KRAFT

Candidate Name

**DONALD J. TRUMP**

Office Sought:	House
	Senate
<input checked="" type="checkbox"/>	President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		13		2016

**Transaction ID : SB23.I87227**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM YWAY SAN JUAN

Candidate Name

**DONALD J. TRUMP**

Office Sought:	House
	Senate
<input checked="" type="checkbox"/>	President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		13		2016

**Transaction ID : SB23.I87228**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM CLAUDIA FEATHERSTON

Candidate Name

**DONALD J. TRUMP**

Office Sought:	House
	Senate
<input checked="" type="checkbox"/>	President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		13		2016

**Transaction ID : SB23.I87229**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1096 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JOHN HEINZMAN

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		13		2016

**Transaction ID : SB23.I87230**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM EVELYN FLYNN

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87231**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM LIL LANNUM

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87232**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1097 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM MICHAEL FARLEY

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I87233**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM VAN AALA

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I87234**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM LEOPOLDO ABAD

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I87235**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1098 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM MARTHA ADAMS

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87236**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM KIRT ADAMS

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87237**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM KATHY ADUBATO

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87238**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1099 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM ADEMOLA AFOLABI

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87239**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM BARBARA ALDERFER

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87240**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM MARIETTA ALITZ

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87241**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1100 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM BOB ALLEN

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87242**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM AMY AMARI

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87243**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM PEGGI AMMON

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87244**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1101 OF 2173

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<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM KENNETH ANDERSON

Candidate Name

**DONALD J. TRUMP**Office Sought: ☐ House  
☐ Senate  
☒ President  
State: District:Disbursement For: 2016  
☐ Primary ☒ General  
☐ Other (specify) ▼Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	16	/	2016

**Transaction ID : SB23.I87245**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM GEORGE ANDERSON

Candidate Name

**DONALD J. TRUMP**Office Sought: ☐ House  
☐ Senate  
☒ President  
State: District:Disbursement For: 2016  
☐ Primary ☒ General  
☐ Other (specify) ▼Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	16	/	2016

**Transaction ID : SB23.I87246**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM DEBBIE ANDRLE

Candidate Name

**DONALD J. TRUMP**Office Sought: ☐ House  
☐ Senate  
☒ President  
State: District:Disbursement For: 2016  
☐ Primary ☒ General  
☐ Other (specify) ▼Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	16	/	2016

**Transaction ID : SB23.I87247**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1102 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM DALLAS ANGELE

Candidate Name

**DONALD J. TRUMP**Office Sought: ☐ House  
☐ Senate  
☒ President  
State: District:Disbursement For: 2016  
☐ Primary ☒ General  
☐ Other (specify) ▼Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87248**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM RENEE ANGELINO

Candidate Name

**DONALD J. TRUMP**Office Sought: ☐ House  
☐ Senate  
☒ President  
State: District:Disbursement For: 2016  
☐ Primary ☒ General  
☐ Other (specify) ▼Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87249**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM THOMAS ARCHIBALD

Candidate Name

**DONALD J. TRUMP**Office Sought: ☐ House  
☐ Senate  
☒ President  
State: District:Disbursement For: 2016  
☐ Primary ☒ General  
☐ Other (specify) ▼Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87250**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1103 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM ARTHUR ARLOTTA

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I87251**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM ROBERTA ARMSTRONG

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I87252**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM PATRICIA ARMSTRONG

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I87253**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1104 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM URBAN ARZEN

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87254**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM GEORGE ARTICOLO

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87255**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM DOMENICO ARTUSA

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87256**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1105 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM CHARLES ASHER

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I87257**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM MIKE ASHER

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I87258**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM AUDLEY ASHLEY

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I87259**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1106 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JOE AVERY

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87260**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM CATHERINE AVILA

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87261**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JENNIFER BABB

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87262**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1107 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JOAN BACHMAN

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87263**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM BOB BAILEY

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87264**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM MADONNA BAILEY

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87265**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1108 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM SHARON BAKER

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	16	/	2016

**Transaction ID : SB23.I87266**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM KATHLEEN M BAKER

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	16	/	2016

**Transaction ID : SB23.I87267**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM CHARLES A BAKER JR.

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	16	/	2016

**Transaction ID : SB23.I87268**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1109 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM ELLA BAKKEN

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	16	/	2016

**Transaction ID : SB23.I87269**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM ELDON BALDWIN

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	16	/	2016

**Transaction ID : SB23.I87270**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JERRY BALENTINE

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	16	/	2016

**Transaction ID : SB23.I87271**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1110 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM MARILYN BALLIET

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87272**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM BASHIRU BALOGUN

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87273**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JOAN BANKS

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87274**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1111 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM WILLIAM BARFIELD

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I87275**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM DAVID BARNAUSKAS

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I87276**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM CECILE BASILONE

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I87277**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1112 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JACK BATEMAN

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87278**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM NADINE BATTAGLIA

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87279**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JEAN BATTY

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87280**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1113 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		16		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM DIANE BAZZANO

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I87281**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		16		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM ROBERT BEAN

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I87282**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		16		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM BRIAN BEARDSLEE

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I87283**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1114 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JOAN BECHTOLD

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I87284**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM BARBARA BECK

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I87285**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM GLORIA BECKMAN

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I87286**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1115 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM ELSA BENINCASA

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87287**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM RONALD BENNER

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87288**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM MARY BENNER

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87289**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1116 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM KATHLEEN BENSON

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I87290**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM DIANA M BERGER

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I87291**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JOSEPH BESSLER

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I87292**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1117 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM FRANCES BICKERTON

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87293**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM CHARLENE BIEBER

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87294**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM KEN AND KATHY BIGGS

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87295**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1118 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM MARLENE BINGER

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I87296**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM CONNIE BIRK

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I87297**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JANET BISHOP

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I87298**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1119 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM ELAINE BITTINGER

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	16	/	2016

**Transaction ID : SB23.I87299**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM BIANCA BLACK

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	16	/	2016

**Transaction ID : SB23.I87300**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JIM BLACKWELL

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	16	/	2016

**Transaction ID : SB23.I87301**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1120 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM GAIL BLASKO

Candidate Name

**DONALD J. TRUMP**

Office Sought:	House
	Senate
<input checked="" type="checkbox"/>	President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87302**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM PEGGY BOATMAN

Candidate Name

**DONALD J. TRUMP**

Office Sought:	House
	Senate
<input checked="" type="checkbox"/>	President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87303**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM LINDA BOBST

Candidate Name

**DONALD J. TRUMP**

Office Sought:	House
	Senate
<input checked="" type="checkbox"/>	President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87304**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1121 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM DENISE BOHAY

Candidate Name

**DONALD J. TRUMP**Office Sought: ☐ House  
☐ Senate  
☒ President  
State: District:Disbursement For: 2016  
☐ Primary ☒ General  
☐ Other (specify) ▼Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87305**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM ELAINE BONGIORNI

Candidate Name

**DONALD J. TRUMP**Office Sought: ☐ House  
☐ Senate  
☒ President  
State: District:Disbursement For: 2016  
☐ Primary ☒ General  
☐ Other (specify) ▼Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87306**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JEFFREY BONHAM

Candidate Name

**DONALD J. TRUMP**Office Sought: ☐ House  
☐ Senate  
☒ President  
State: District:Disbursement For: 2016  
☐ Primary ☒ General  
☐ Other (specify) ▼Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87307**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1122 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM WILLIAM BOOK

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I87308**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM MARILYN BORDEN

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I87309**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM MARGERY BORGER

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I87310**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1123 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM DOROTHY BORING

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I87311**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM DIANN BORMES

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I87312**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM MARILYN BORINTRAGER

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I87313**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1124 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM KEN BOSTROM

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87314**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM MARY JANE BRADLEY

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87315**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM ROBERT BRAGEN

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87316**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1125 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM KATHY BRANDT

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87317**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM DONNA BRAUD

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87318**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM DEBBY BREHM

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87319**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1126 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM PAUL BREITHAUP

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87320**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM SARAH BRENDER

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87321**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM MICHAEL BRODER

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87322**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1127 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM PATRICIA BROOKHART

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87323**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM FREDERICK BROOKS

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87324**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM FERN BROWN

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87325**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1128 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM LILA BROWN

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President  
 State: District:

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼
Category/  
Type**Transaction ID : SB23.I87326**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM BILL BROWN

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President  
 State: District:

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼
Category/  
Type**Transaction ID : SB23.I87327**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM MICHELLE BROWN

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President  
 State: District:

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼
Category/  
Type**Transaction ID : SB23.I87328**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1129 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM ANNIE BROWN

Candidate Name

**DONALD J. TRUMP**Office Sought: ☐ House  
☐ Senate  
☒ President  
State: District:Disbursement For: 2016  
☐ Primary ☒ General  
☐ Other (specify) ▼Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	16	/	2016

**Transaction ID : SB23.I87329**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM DONALD BROWNING

Candidate Name

**DONALD J. TRUMP**Office Sought: ☐ House  
☐ Senate  
☒ President  
State: District:Disbursement For: 2016  
☐ Primary ☒ General  
☐ Other (specify) ▼Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	16	/	2016

**Transaction ID : SB23.I87330**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM SHARON BRYANT

Candidate Name

**DONALD J. TRUMP**Office Sought: ☐ House  
☐ Senate  
☒ President  
State: District:Disbursement For: 2016  
☐ Primary ☒ General  
☐ Other (specify) ▼Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	16	/	2016

**Transaction ID : SB23.I87331**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1130 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM HARRY BUCKEL

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I87332**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM SUE BUECHE

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I87333**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM PENNY C BURD

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I87334**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1131 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM ED BURDICK

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87335**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM SHIRLEY BURGESS

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87336**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM BARB BURKLAND

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87337**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1132 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM RON BURNELL

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87338**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM MICHAEL BURNS

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87339**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM RUTH BURNS

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87340**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1133 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM KATHERYNE BURNS

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I87341**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM SHIRLEY BURNS

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I87342**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JUDY BURNS

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I87343**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1134 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM GERALD BURR

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I87344**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM ANN BURTON

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I87345**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JOAN BURY

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I87346**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1135 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM ANGELA MARY BUSLER

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87347**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM FAYE BUSSEY

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87348**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JANET BUTLER

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87349**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1136 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JACK BUZBEE

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87350**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JAMES CADA

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87351**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM CHARLES CALABRESE

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87352**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1137 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM GLORIA CALLAHAN

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87353**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM MARIA CAMACHO

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87354**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM LARRY CAMPBELL

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87355**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1138 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM NANCY CAMPBELL

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	16	/	2016

**Transaction ID : SB23.I87356**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM ALICE L CARPENTET

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	16	/	2016

**Transaction ID : SB23.I87357**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM STEPHEN CASEBOLT

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	16	/	2016

**Transaction ID : SB23.I87358**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1139 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM LINDA CASEY

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87359**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM DEBRA CASTUITA

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87360**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM PAUL CAVOLT

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87361**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1140 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM DANIEL CEDRONE

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I87362**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM GEORGE CESTARO

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I87363**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM BETTYE CHAMBERS

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I87364**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1141 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM MARY CHANDLER

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87365**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM HAL CHAPMAN

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87366**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM BUCK CHEATHAM

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87367**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1142 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM BARBARA CHESTER

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87368**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM EARLEENE CHILDERS

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87369**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM CARMEN CHIRILA

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87370**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1143 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM MILDRED CHRISMAN

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87371**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM PEGGY CHRISTENSEN

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87372**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM MILAN CHUNG

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87373**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1144 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM MIKE CLARK

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I87374**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM MARY CLARK

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I87375**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM BOB CLARK

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I87376**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1145 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM DOUGLAS CLARKE

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I87377**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM KAY CLONINGER

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I87378**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JOYCE COATES

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I87379**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1146 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JERI COBB

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I87380**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM VIRGINIA COHEN

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I87381**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM FRANCIS D. COLEMAN

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I87382**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1147 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JOAN COLLAR

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87383**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JAMES COLLIE

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87384**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM GORDON L CONVERSE

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87385**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1148 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM BETH CONVY

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I87386**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JUDY COOK

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I87387**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM LAJUANA COOK

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I87388**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1149 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM DIXIE COOLEY

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	16	/	2016

**Transaction ID : SB23.I87389**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM ALVIS COOPER

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	16	/	2016

**Transaction ID : SB23.I87390**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JIM COPLE

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	16	/	2016

**Transaction ID : SB23.I87391**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1150 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM DENNIS CORBISER

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	16	/	2016

**Transaction ID : SB23.I87392**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM ANNE CORLE

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	16	/	2016

**Transaction ID : SB23.I87393**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JAMES CORNELL

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	16	/	2016

**Transaction ID : SB23.I87394**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1151 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM ROYAL CORWIN

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type

Transaction ID : SB23.I87395

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM NICHOLAS COSTALAS

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type

Transaction ID : SB23.I87396

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM CHARLES COSTIGAN

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type

Transaction ID : SB23.I87397

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1152 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JOSETTE COSTOLO

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	16	/	2016

**Transaction ID : SB23.I87398**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM BRIAN H COULTER

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	16	/	2016

**Transaction ID : SB23.I87399**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM BRENDA COWAND

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	16	/	2016

**Transaction ID : SB23.I87400**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1153 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM BARRY COX

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87401**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JUDITH COX

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87402**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM SUELLA CROWLEY

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87403**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1154 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM DAN CUNNINGHAM

Candidate Name

**DONALD J. TRUMP**Office Sought: ☐ House  
☐ Senate  
☒ President  
State: District:Disbursement For: 2016  
☐ Primary ☒ General  
☐ Other (specify) ▼Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	16	/	2016

**Transaction ID : SB23.I87404**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM THOMAS CURLEY

Candidate Name

**DONALD J. TRUMP**Office Sought: ☐ House  
☐ Senate  
☒ President  
State: District:Disbursement For: 2016  
☐ Primary ☒ General  
☐ Other (specify) ▼Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	16	/	2016

**Transaction ID : SB23.I87405**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM LYNN CURTIS

Candidate Name

**DONALD J. TRUMP**Office Sought: ☐ House  
☐ Senate  
☒ President  
State: District:Disbursement For: 2016  
☐ Primary ☒ General  
☐ Other (specify) ▼Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	16	/	2016

**Transaction ID : SB23.I87406**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1155 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM SCOTT DADDIS

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87407**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM DONALD DALTON

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87408**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM TED DANIELS

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87409**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1156 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM ANTHONY DANLUCK

Candidate Name

**DONALD J. TRUMP**

Office Sought:	House
	Senate
<input checked="" type="checkbox"/>	President
State:	District:

Disbursement For: 2016	
<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87410**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM CAROL DARYANANI

Candidate Name

**DONALD J. TRUMP**

Office Sought:	House
	Senate
<input checked="" type="checkbox"/>	President
State:	District:

Disbursement For: 2016	
<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87411**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM MICHAEL J DAVIS

Candidate Name

**DONALD J. TRUMP**

Office Sought:	House
	Senate
<input checked="" type="checkbox"/>	President
State:	District:

Disbursement For: 2016	
<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87412**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1157 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM ANN DAVIS

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87413**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JERRY DAVIS

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87414**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM ROBERT DEAN

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87415**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1158 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JOYCE DEANY

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	16	/	2016

**Transaction ID : SB23.I87416**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM CLAUDE DEFONTAINE

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	16	/	2016

**Transaction ID : SB23.I87417**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM LINDA DELGADO

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	16	/	2016

**Transaction ID : SB23.I87418**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1159 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM YVON DESAULNIERS

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87419**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM OLIVER DESOFI

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87420**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM ROBERT DESPAIN

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87421**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM RICHARD DEVRIES

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type

Transaction ID : SB23.I87422

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM GEORGE DI LEO

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type

Transaction ID : SB23.I87423

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM BYRON DICKERSON

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type

Transaction ID : SB23.I87424

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1161 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM MARIA DINARDO

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87425**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM ROBERT DODGE

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87426**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM RONALD DOMAS

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87427**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1162 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM MARIE DONOGHUE

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	16	/	2016

**Transaction ID : SB23.I87428**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM BARBARA DOODY

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	16	/	2016

**Transaction ID : SB23.I87429**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM DOUGLAS DORAN

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	16	/	2016

**Transaction ID : SB23.I87430**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1163 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM GAVIN DOUGLAS

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87431**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM THOMAS DOW

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87432**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM LORETTA DRAKE

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87433**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1164 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM VENDETTA DRESSEL

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87434**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM KOON DRUM

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87435**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JEAN DUFFY

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87436**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1165 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM CLARENCE DUKE

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87437**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM WILMA DUMAS

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87438**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM DIANE DUNCAN

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87439**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1166 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM ELMER DUNKMAN

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I87440**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM LEO DWYER

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I87441**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM BRENT EATON

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I87442**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM MARK EDWARDS

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87443**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM EARL ELAM

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87444**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM RAYMOND ELLIN

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87445**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM NANCY ELLIOTT

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87446**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM RUSSELL ELLISON

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87447**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM MARY J. ELY

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87448**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1169 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM SHIRLEE ENGELBRECHT

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87449**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM MARILYN ENGLAND

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87450**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM PAMELA ERICKSON

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87451**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1170 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM BILLY ERICKSON

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	16	/	2016

**Transaction ID : SB23.I87452**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM MILDRED ESELIN

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	16	/	2016

**Transaction ID : SB23.I87453**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM TED G EVERHART

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	16	/	2016

**Transaction ID : SB23.I87454**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM EMLYNN FALK

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	16	/	2016

**Transaction ID : SB23.I87455**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM PETER FALLON

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	16	/	2016

**Transaction ID : SB23.I87456**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM KELLI FANNING

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	16	/	2016

**Transaction ID : SB23.I87457**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1172 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM SAMUEL FARNSWORTH

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I87458**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM THOMAS AND JO ANN FARRELL

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I87459**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM MARIE C FECHER

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I87460**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1173 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM ELAINE FEIN

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	16	/	2016

**Transaction ID : SB23.I87461**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM RICHARD FELDMAN

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	16	/	2016

**Transaction ID : SB23.I87462**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM KIMBERLY FERGUS

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	16	/	2016

**Transaction ID : SB23.I87463**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1174 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JOAN FERKO

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87464**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM LOU FERRARO

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87465**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM DIANE FERRY

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87466**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1175 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JUDY FIERRO

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I87467**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM DEE FINLEY

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I87468**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM SHIRLEY FISHER

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I87469**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1176 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM MARY S. FISHER

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	16	/	2016

**Transaction ID : SB23.I87470**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM KEN FIX

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	16	/	2016

**Transaction ID : SB23.I87471**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM TERRY FLATT

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	16	/	2016

**Transaction ID : SB23.I87472**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM MARGIE & CARL FLOOD

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87473**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM BARBARA FLOWERS

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87474**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM LOIS FLYNN

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87475**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM SYLVIA FLYNT

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I87476**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM FRIEND SHERRY FOERY

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I87477**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM RONALD FORKNER

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I87478**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1179 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM SANDY FORTINI

Candidate Name

**DONALD J. TRUMP**Office Sought: ☐ House  
☐ Senate  
☒ President  
State: District:Disbursement For: 2016  
☐ Primary ☒ General  
☐ Other (specify) ▼Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	16	/	2016

**Transaction ID : SB23.I87479**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM SANDRA FOSSELMAN

Candidate Name

**DONALD J. TRUMP**Office Sought: ☐ House  
☐ Senate  
☒ President  
State: District:Disbursement For: 2016  
☐ Primary ☒ General  
☐ Other (specify) ▼Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	16	/	2016

**Transaction ID : SB23.I87480**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM RICK FOSTER

Candidate Name

**DONALD J. TRUMP**Office Sought: ☐ House  
☐ Senate  
☒ President  
State: District:Disbursement For: 2016  
☐ Primary ☒ General  
☐ Other (specify) ▼Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	16	/	2016

**Transaction ID : SB23.I87481**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1180 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM HARRY FOWLER

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I87482**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM THEODORE FOWLKS

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I87483**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM SANDRA FOX

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I87484**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1181 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JIMMY FRAGGOS

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I87485**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM CLIFFORD FRASER

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I87486**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM DON FREELAND

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I87487**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1182 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM RANDY FREEMAN

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87488**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM THAIS FRIEUF

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87489**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM EUGENE FROHNHOEFER

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87490**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1183 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM DINAH FULTON

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	16	/	2016

**Transaction ID : SB23.I87491**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM MARILYN FULTYN

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	16	/	2016

**Transaction ID : SB23.I87492**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM RAYMOND H. GABORIAULT

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	16	/	2016

**Transaction ID : SB23.I87493**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1184 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM HELEN GALFI

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I87494**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM ANA GALLO

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I87495**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM GINA GARAY

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I87496**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1185 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM BETTIE GARDNER

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	16	/	2016

**Transaction ID : SB23.I87497**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM MARGUERITE GARGIULO

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	16	/	2016

**Transaction ID : SB23.I87498**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM GALEN GARRISON

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	16	/	2016

**Transaction ID : SB23.I87499**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1186 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM SUZANNE GARTZ

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87500**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM PEGGY GARVIN

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87501**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM MARIA V GARZA

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87502**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1187 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM RICHARD GAUTILLE

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I87503**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM DOROTHY GAVIN

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I87504**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM ROBERT GEAN

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I87505**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1188 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM SHARON GERBER

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87506**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM TOM GERDES

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87507**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JULIA GERMANI

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87508**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1189 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM KAREN GERVER

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87509**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM VIRGINIA GHIARDI

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87510**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM SHARON GIBSON

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87511**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1190 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM MARY CATHERINE GIESELMAN

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I87512**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JOHN GIGLIO

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I87513**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JUNE GILDERSLEEVE

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I87514**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1191 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JOSEPH GLAS

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	16	/	2016

**Transaction ID : SB23.I87515**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JOSEPH GLAS

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	16	/	2016

**Transaction ID : SB23.I87516**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM ELAINE GLASSER

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	16	/	2016

**Transaction ID : SB23.I87517**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1192 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JUDY GLENN

Candidate Name

**DONALD J. TRUMP**

Office Sought:	House
	Senate
<input checked="" type="checkbox"/>	President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87518**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM BOB GOLINSKI

Candidate Name

**DONALD J. TRUMP**

Office Sought:	House
	Senate
<input checked="" type="checkbox"/>	President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87519**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM :ANNA GONCALVES

Candidate Name

**DONALD J. TRUMP**

Office Sought:	House
	Senate
<input checked="" type="checkbox"/>	President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87520**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1193 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM TERESA GONZALEZ-WHITE

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	16	/	2016

**Transaction ID : SB23.I87521**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JUNE GOULSON

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	16	/	2016

**Transaction ID : SB23.I87522**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM ELISSA GRACE

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	16	/	2016

**Transaction ID : SB23.I87523**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1194 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM RONALD GRANT

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	16	/	2016

**Transaction ID : SB23.I87524**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM DEB GRANT

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	16	/	2016

**Transaction ID : SB23.I87525**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM RICHARD F GRAVES

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	16	/	2016

**Transaction ID : SB23.I87526**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JIMMY GRAVES

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	16	/	2016

**Transaction ID : SB23.I87527**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM WILLIAM GREAVES

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	16	/	2016

**Transaction ID : SB23.I87528**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM RICHARD GREEN

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	16	/	2016

**Transaction ID : SB23.I87529**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1196 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM CHERYL GREEN

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	16	/	2016

**Transaction ID : SB23.I87530**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM ANTHONY GREEN

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	16	/	2016

**Transaction ID : SB23.I87531**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM DONALD GREENE

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	16	/	2016

**Transaction ID : SB23.I87532**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1197 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM ELLIOTT GREENSPAN

Candidate Name

**DONALD J. TRUMP**Office Sought: ☐ House  
☐ Senate  
☒ President  
State: District:Disbursement For: 2016  
☐ Primary ☒ General  
☐ Other (specify) ▼Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	16	/	2016

**Transaction ID : SB23.I87533**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM ELYSE GREESON

Candidate Name

**DONALD J. TRUMP**Office Sought: ☐ House  
☐ Senate  
☒ President  
State: District:Disbursement For: 2016  
☐ Primary ☒ General  
☐ Other (specify) ▼Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	16	/	2016

**Transaction ID : SB23.I87534**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM SCOTT GREGORY

Candidate Name

**DONALD J. TRUMP**Office Sought: ☐ House  
☐ Senate  
☒ President  
State: District:Disbursement For: 2016  
☐ Primary ☒ General  
☐ Other (specify) ▼Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	16	/	2016

**Transaction ID : SB23.I87535**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM BETTY ANNE GRILLO

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	16	/	2016

**Transaction ID : SB23.I87536**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JOHN GRISHAM

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	16	/	2016

**Transaction ID : SB23.I87537**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM FRANK GROENEWOLD

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	16	/	2016

**Transaction ID : SB23.I87538**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM HENRY GROTH

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87539**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JOAN GROVER

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87540**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM KATHRYN GROVES

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87541**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1200 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM PETER GRUETTNER

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87542**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM MARGE GUDE

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87543**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM F. HACKERT

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87544**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1201 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM DAVID & SHARON HAGUE

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I87545**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM RAYMOND HAIGNEY

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I87546**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM DIANE HAITHCOCK

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I87547**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1202 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM CAROLYN HAKOLA

Candidate Name

**DONALD J. TRUMP**

Office Sought:	House
	Senate
<input checked="" type="checkbox"/>	President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87548**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM RICHARD HALL

Candidate Name

**DONALD J. TRUMP**

Office Sought:	House
	Senate
<input checked="" type="checkbox"/>	President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87549**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM TERENCE HALL

Candidate Name

**DONALD J. TRUMP**

Office Sought:	House
	Senate
<input checked="" type="checkbox"/>	President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87550**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1203 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM THOMAS HALL

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	16	/	2016

**Transaction ID : SB23.I87551**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JOHN HALLENBECK

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	16	/	2016

**Transaction ID : SB23.I87552**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM ALAN HALVERSON

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	16	/	2016

**Transaction ID : SB23.I87553**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1204 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM CAROL HAMILTON

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I87554**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM GLEN HAMPSHIRE

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I87555**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM GLEN HAMPSHIRE

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I87556**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1205 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM GENE HANKINS

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87557**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM DON HANSEN

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87558**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM PENNY HAPTOR

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87559**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1206 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM DAVID HARDING

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87560**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM SUSAN HARGIS

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87561**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM T - FRANKLIN HARKINS

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87562**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1207 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM ROBERT HAROLD

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87563**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM SAMUEL HARRIS

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87564**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JACKIE HARRISON

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87565**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1208 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM DONNA HARRISON

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type

Transaction ID : SB23.I87566

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM ANNE HART-MURRIAN

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type

Transaction ID : SB23.I87567

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM SHARON HARTNETT

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type

Transaction ID : SB23.I87568

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM MELVIN HAVENER

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	16	/	2016

**Transaction ID : SB23.I87569**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JAMIE HAWKES

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	16	/	2016

**Transaction ID : SB23.I87570**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM PATRICIA HAWKINS

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	16	/	2016

**Transaction ID : SB23.I87571**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM MOLLY HAY

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87572**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JOHN HAYBALL

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87573**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM TIM HEALEY

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87574**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1211 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM TOD HELLMANN

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87575**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM LOIS HEMINGWAY

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87576**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM FRED AND JUDY HENLEY

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87577**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1212 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM FRANK HERBERT

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87578**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM SUSAN HEYKA

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87579**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM DIANE HICKMAN

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87580**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1213 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM MICHAEL HIGGINS

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87581**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JOHN HILL

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87582**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM DEBBIE HINES

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87583**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1214 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM FLORIE HINTZE

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87584**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM NANCY HODGES

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87585**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM BEVERLY HODOROWSKI

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87586**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1215 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM EDWARD HOFFMANN

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	16	/	2016

**Transaction ID : SB23.I87587**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM MARGERY HOLDER

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	16	/	2016

**Transaction ID : SB23.I87588**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM CATHERINE F. HOLTEL

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	16	/	2016

**Transaction ID : SB23.I87589**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1216 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM LORETTA HOPKINS

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87590**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM DARLEEN HORTON

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87591**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM NEIL HOWARD

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87592**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1217 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM WALTER HOWARD

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I87593**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM CAROLE HOWERTON

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I87594**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JON HOY

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I87595**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1218 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM NANCY HOYT

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87596**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM WILLIAM HUDNALL

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87597**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JACQUELINE HUGHES

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87598**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1219 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM RAYMOND HULL

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87599**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JOYCE HULL

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87600**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM LINDA HUNTER

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87601**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1220 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM SHIRLEY HUNTSMAN

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I87602**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JANYCE 'JAN' HURTT

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I87603**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM MARGIE HUTCHINGS

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I87604**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1221 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JACQUELINE HUTCHINS

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87605**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM HERBERT/GWEN HYDE

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87606**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM ROSALIE IACONO

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87607**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1222 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM ROBERT IRELAND

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	16	/	2016

**Transaction ID : SB23.I87608**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM ISABELLA IVERSON

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	16	/	2016

**Transaction ID : SB23.I87609**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM ANTONIA JANE

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	16	/	2016

**Transaction ID : SB23.I87610**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1223 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM GAIL JARVIS

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	16	/	2016

**Transaction ID : SB23.I87611**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM GINGER JARVIS

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	16	/	2016

**Transaction ID : SB23.I87612**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM GLEN JEFFERS

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	16	/	2016

**Transaction ID : SB23.I87613**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1224 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM DENNIS JENKINS

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87614**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM RANDI JOHANSEN

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87615**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM DEANE JOHNSON

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87616**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1225 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM SHARON JOHNSON

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I87617**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM NEYSA JOHNSON

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I87618**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM GLEN JOHNSON

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I87619**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1226 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM LYN JOHNSON

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I87620**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM DAVID JOHNSON

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I87621**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM DR. JOY JOHNSON-JAKELIS

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I87622**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1227 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM BERNADETTE JOHNSTON

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	16	/	2016

**Transaction ID : SB23.I87623**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM DENNIS KABES

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	16	/	2016

**Transaction ID : SB23.I87624**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JACKIE KALANTARIAN

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	16	/	2016

**Transaction ID : SB23.I87625**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1228 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM DIANE KANCA

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I87626**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JOANNE KARLS

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I87627**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM PAUL KATINAS

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I87628**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1229 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM VICKIE KEENER

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	16	/	2016

**Transaction ID : SB23.I87629**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM DALE KEEVER

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	16	/	2016

**Transaction ID : SB23.I87630**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JEROME KELLER

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	16	/	2016

**Transaction ID : SB23.I87631**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1230 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM DICK KELLEY

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87632**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JUDY KELLY

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87633**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM FRANCIS KELLY

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87634**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1231 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM KARL KELLY

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I87635**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM ALAN KENDRICK

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I87636**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM LEONID KHILYUK

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I87637**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1232 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM CHRIS KIEFFER

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	16	/	2016

**Transaction ID : SB23.I87638**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM VERA KILBURN

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	16	/	2016

**Transaction ID : SB23.I87639**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JUDY KILEY

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	16	/	2016

**Transaction ID : SB23.I87640**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1233 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM RICHARD KILLIAN

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Category/  
Type**Transaction ID : SB23.I87641**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JAMES & LILLIAN KING

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Category/  
Type**Transaction ID : SB23.I87642**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM NANCY KING

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Category/  
Type**Transaction ID : SB23.I87643**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1234 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM BETH KINSKY

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87644**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM PATRICIA ANN KIRBY

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87645**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM SAM KIRBY

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87646**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1235 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM TINA KIRKPATRICK

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	16	/	2016

**Transaction ID : SB23.I87647**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM LANA KIRZHNER

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	16	/	2016

**Transaction ID : SB23.I87648**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JUERGEN KLEIN

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	16	/	2016

**Transaction ID : SB23.I87649**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1236 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM MICHAEL KLEIN

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I87650**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM GEORGE L. KLEIN

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I87651**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM SAM KLEIN

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I87652**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1237 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM MICHAEL KLEYMAN

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I87653**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM IRENE G. KLINGER

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I87654**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JEANETTE KLOPPE

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I87655**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1238 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM ALZADA KNICKERBOCKER

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87656**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM LINDA KNOX

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87657**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM PETE KNUDSEN

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87658**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1239 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM BERNICE KOCZWARA

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87659**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM REBEKAH KOFFLER

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87660**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM SAMMY KOLL

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87661**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1240 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM ARDYTH KROMSCHROEDER

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	16	/	2016

**Transaction ID : SB23.I87662**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM ROBERT KRONING

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	16	/	2016

**Transaction ID : SB23.I87663**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM DONALD KULISH

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	16	/	2016

**Transaction ID : SB23.I87664**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM CHERYL KUNKEL

Candidate Name

**DONALD J. TRUMP**

Office Sought:	House
	Senate
<input checked="" type="checkbox"/>	President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Transaction ID : SB23.I87665

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM LUDA KUSHNER

Candidate Name

**DONALD J. TRUMP**

Office Sought:	House
	Senate
<input checked="" type="checkbox"/>	President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Transaction ID : SB23.I87666

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JOHN & JAMIE LAFOLLETTE

Candidate Name

**DONALD J. TRUMP**

Office Sought:	House
	Senate
<input checked="" type="checkbox"/>	President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Transaction ID : SB23.I87667

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM PAUL LAINO

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87668**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM WAYNE LAMBERT

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87669**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM BENNETT LAMBERT

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87670**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1243 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM WILLIAM LAMSON

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87671**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM WILLIAM LANDGRAF

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87672**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM LORI LANE

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87673**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1244 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JOHN LANGHALS

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87674**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JAMES LANTING

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87675**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM KATHLEEN P LARSON

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87676**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1245 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM SIGMUND LATARSKI

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	16	/	2016

**Transaction ID : SB23.I87677**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM MELODY LAVIOLETTE

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	16	/	2016

**Transaction ID : SB23.I87678**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM DONALD LAWS

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	16	/	2016

**Transaction ID : SB23.I87679**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1246 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City NEW YORK State NY Zip Code 10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM ROGER LEDUC

Candidate Name

**DONALD J. TRUMP**Office Sought: ☐ House  
☐ Senate  
☒ President  
State: District:Disbursement For: 2016  
☐ Primary ☒ General  
☐ Other (specify) ▼Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87680**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City NEW YORK State NY Zip Code 10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM SOL LEE

Candidate Name

**DONALD J. TRUMP**Office Sought: ☐ House  
☐ Senate  
☒ President  
State: District:Disbursement For: 2016  
☐ Primary ☒ General  
☐ Other (specify) ▼Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87681**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City NEW YORK State NY Zip Code 10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM ELEANOR LEE

Candidate Name

**DONALD J. TRUMP**Office Sought: ☐ House  
☐ Senate  
☒ President  
State: District:Disbursement For: 2016  
☐ Primary ☒ General  
☐ Other (specify) ▼Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87682**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1247 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JAMES LEEB

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87683**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM CHAHLA LEMAIRE

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87684**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM WILMA LEMONS

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87685**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1248 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM DENNIS LEONARD

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I87686**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM GERALD LEOPOLD

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I87687**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM SHIRLEY LEVINSON

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I87688**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1249 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM MICHAEL LIND

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type

Transaction ID : SB23.I87689

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JOAN LINGARDO

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type

Transaction ID : SB23.I87690

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM RICHARD LINTON

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type

Transaction ID : SB23.I87691

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1250 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JOE LIPSCOMBE

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I87692**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM ANNA LIPSKI

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I87693**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM WILLIE LIVINGSTON

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I87694**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1251 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JAMES LOCICERO

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87695**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM MARY LOCKE

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87696**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM DICK LOEW

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87697**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1252 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM KAY LOFTUS

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87698**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM %%FISTEPHERST%% LONDON

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87699**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM SYLVIA LONG

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87700**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1253 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM LARRY LOPER

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87701**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM ERIC LOUGHMAN

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87702**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM STEPHEN LOVAS

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87703**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1254 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JAMES LOWE

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87704**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM CREOLA LOYD

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87705**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM SUSAN LUKAWSKI

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87706**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1255 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM DARYL LUNDGRIN

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87707**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JOHN LYNN

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87708**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM SHALOM MACHLUF

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87709**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM LISA MACLELLAN

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87710**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM SCOTTI MADISON

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87711**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM MARILYN MAHANKE

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87712**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM DAVID MAHER

Candidate Name

**DONALD J. TRUMP**

Office Sought:	House	Disbursement For: 2016
	Senate	
	<input checked="" type="checkbox"/> President	
State:	District:	

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87713**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM CAROL MAILHO

Candidate Name

**DONALD J. TRUMP**

Office Sought:	House	Disbursement For: 2016
	Senate	
	<input checked="" type="checkbox"/> President	
State:	District:	

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87714**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM ARCHIBALD MAIN

Candidate Name

**DONALD J. TRUMP**

Office Sought:	House	Disbursement For: 2016
	Senate	
	<input checked="" type="checkbox"/> President	
State:	District:	

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87715**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM MICHELLE MANDULAY

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I87716**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM LYLE MANN

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I87717**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM GEORGE MANOS

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I87718**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM DENNIS MANWARREN

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87719**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM NELS V. MARIN

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87720**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM HERMAN MARMON

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87721**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM TONY MARSH

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87722**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM GEORGE MARTIN

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87723**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM MAURICE MARTIN

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87724**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM DORRIE MARTIN-DEAKINS

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87725**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM ROSE MARTINEZ

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87726**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM LINDA MARUSKA

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87727**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1262 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JONATHAN MARVEN

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	16	/	2016

**Transaction ID : SB23.I87728**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JOSEPH MARZOUCA

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	16	/	2016

**Transaction ID : SB23.I87729**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM CHERYL MASIELLO

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	16	/	2016

**Transaction ID : SB23.I87730**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM DOROTHY MATHIOUS

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87731**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM BETTY MATTESON

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87732**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM NANCY MATTHEWS

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87733**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM MIKE MATTIS

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type

Transaction ID : SB23.I87734

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM SARAH MAUER

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type

Transaction ID : SB23.I87735

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM MARTA MAY

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type

Transaction ID : SB23.I87736

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM DOROTHY MAZEJY

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	16	/	2016

**Transaction ID : SB23.I87737**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM SAM MC CONNELL

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	16	/	2016

**Transaction ID : SB23.I87738**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JEFF MCCALL

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	16	/	2016

**Transaction ID : SB23.I87739**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM MARION MCCARTER

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87740**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM CJ MCCARTHY

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87741**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM WILLIAM MCDEVITT

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87742**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM RALPH MCDOWELL

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87743**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JANETTE MCDUGALD

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87744**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM SHARON MCELWAIN

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87745**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1268 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM CLIFFORD MCGOWN

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87746**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM PATRICIA MCGRATH

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87747**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM SANDIE MCGUINNESS

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87748**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1269 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM ROBERT MCJILTON

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	16	/	2016

**Transaction ID : SB23.I87749**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM HONOUR MCKENZIE

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	16	/	2016

**Transaction ID : SB23.I87750**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM RICHARD MCKINSEY

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	16	/	2016

**Transaction ID : SB23.I87751**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JOAN MCLEAN

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87752**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM MELINDA MEIKLE

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87753**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JOHN MELLOTT

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87754**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM GEMMA MENDOZA

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87755**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM RONALD MEONI

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87756**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM ULYSSE MESSIER

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87757**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM MARY MESSINA

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I87758**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM SUSAN MEYER

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I87759**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM MARTHA MEYER

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I87760**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM DAVID MICHAEL

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	16	/	2016

**Transaction ID : SB23.I87761**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM CYNTHIA MILEY

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	16	/	2016

**Transaction ID : SB23.I87762**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JACKIE MILLER

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	16	/	2016

**Transaction ID : SB23.I87763**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1274 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM NANCY MILLER

Candidate Name

**DONALD J. TRUMP**

Office Sought:	House
	Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	16	/	2016

**Transaction ID : SB23.I87764**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM PAUL MILLER

Candidate Name

**DONALD J. TRUMP**

Office Sought:	House
	Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	16	/	2016

**Transaction ID : SB23.I87765**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM MARJORIE MILLER

Candidate Name

**DONALD J. TRUMP**

Office Sought:	House
	Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	16	/	2016

**Transaction ID : SB23.I87766**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1275 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM TONI MILSTEAD

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Category/  
Type**Transaction ID : SB23.I87767**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM ROBERT MOHLER

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Category/  
Type**Transaction ID : SB23.I87768**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM WARREN MONROE

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Category/  
Type**Transaction ID : SB23.I87769**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1276 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM J CARL MONTGOMERY SR.

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	16	/	2016

**Transaction ID : SB23.I87770**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM DAVID MOORE

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	16	/	2016

**Transaction ID : SB23.I87771**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JAMES MORRELLA

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	16	/	2016

**Transaction ID : SB23.I87772**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1277 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM CAROLE MORREY

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87773**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM AUDREY MORROW

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87774**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM BETTY J MOULTON

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87775**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM MRS. ROBBIEJOYCE MUCKLEROY

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87776**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM DAVID MULKEARNS

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87777**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM RICH MULRONEY

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87778**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM SARA MUNDY

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87779**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM BARBARA L MURDOCK

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87780**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM KARIN MURRAY

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87781**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1280 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM WAYNE MUSICK

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I87782**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM WILLIAM MUSTO

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I87783**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM BETTY MUTCHLER

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I87784**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1281 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM WARREN MUTH

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I87785**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM CHRISTINA NAGORSKI

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I87786**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM STEPHEN NANNIS

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I87787**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1282 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM RUTH NAPIER

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	16	/	2016

**Transaction ID : SB23.I87788**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM KAREN L NASSIE

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	16	/	2016

**Transaction ID : SB23.I87789**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM LILLIAN NAWMAN

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	16	/	2016

**Transaction ID : SB23.I87790**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1283 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM EDWARD NAWY

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	16	/	2016

**Transaction ID : SB23.I87791**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM GILBERT NELSON

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	16	/	2016

**Transaction ID : SB23.I87792**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM PHIL NESBIHAL

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	16	/	2016

**Transaction ID : SB23.I87793**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1284 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City NEW YORK State NY Zip Code 10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM DALE AND DONNA NETHERTON

Candidate Name

**DONALD J. TRUMP**Office Sought: ☐ House  
☐ Senate  
☒ President  
State: District:Disbursement For: 2016  
☐ Primary ☒ General  
☐ Other (specify) ▼Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87794**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City NEW YORK State NY Zip Code 10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM FRANK NETHERWOOD

Candidate Name

**DONALD J. TRUMP**Office Sought: ☐ House  
☐ Senate  
☒ President  
State: District:Disbursement For: 2016  
☐ Primary ☒ General  
☐ Other (specify) ▼Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87795**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City NEW YORK State NY Zip Code 10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM TERESA NEVES

Candidate Name

**DONALD J. TRUMP**Office Sought: ☐ House  
☐ Senate  
☒ President  
State: District:Disbursement For: 2016  
☐ Primary ☒ General  
☐ Other (specify) ▼Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87796**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1285 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM ROXANNE NEWELL

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87797**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM LISA NGUYEN

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87798**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM NORMAN NIEUWENHUIS

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87799**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1286 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM ANN NOLAN

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87800**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM ROBERT NORRIS

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87801**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM RALPH NOVA

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87802**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM DIANNE NUGENT

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I87803**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM CAROLE NYE

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I87804**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM WILLIAM OBRIEN

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I87805**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JUDITH O' CONNOR

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87806**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM LESTER OLSON

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87807**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM MELODIE OLSON

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87808**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1289 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM WILMA OPSETH

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87809**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM GLORIA ORLANDO

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87810**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM CRISTINA ORTT

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87811**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM EVELYN OSWALD

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87812**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM FRANK B OUDKIRK

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87813**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM SHEILA PALANDJIAN

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87814**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JOSEPH PANCILA

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87815**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM DEAN PAQUETTE

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87816**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM SALLY PARADIS

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87817**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM RICHARD PARKER

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87818**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM AMY PARKER

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87819**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM HENRY PARKER

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87820**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM EVA PARKER-HUSS

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87821**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM GEORGE PARTEN

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87822**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM ROSANNE PAWLOWSKI

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87823**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1294 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM DONALD PAYNE

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I87824**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM HELEN PAYNE

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I87825**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM LEROY PENDERGRAFT

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I87826**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1295 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM ANNA PENNACCHINI

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I87827**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM EDGAR PERKERSON

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I87828**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM KERRY PERKINSON

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I87829**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM M PERLEY

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I87830**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM ANGI PERRETTI

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I87831**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM KATHY PERRIZO

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I87832**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM DAVID PERRY

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87833**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM FRED PESA

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87834**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JANIE PETRIZZO

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87835**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1298 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM AUGUSTA PETRONE

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I87836**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JOANNE PETTY

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I87837**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM MAX PHILLIPS

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I87838**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1299 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM CAROL PIASCIK

Candidate Name

**DONALD J. TRUMP**

Office Sought:	House
	Senate
<input checked="" type="checkbox"/>	President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I87839**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM WANDA PICKERAL

Candidate Name

**DONALD J. TRUMP**

Office Sought:	House
	Senate
<input checked="" type="checkbox"/>	President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I87840**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM EMILY PICKERING

Candidate Name

**DONALD J. TRUMP**

Office Sought:	House
	Senate
<input checked="" type="checkbox"/>	President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I87841**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1300 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JOSEPH PICKETT

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87842**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM DAVID PIERCE

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87843**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JOHN E PINTO JR.

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87844**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1301 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JOHN PIZZO

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I87845**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM ROBERT POLLOCK

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I87846**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JAMES POOLE

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I87847**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1302 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM ANN POSLOSKY

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	16	/	2016

**Transaction ID : SB23.I87848**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM SUSAN POWELL

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	16	/	2016

**Transaction ID : SB23.I87849**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM DAVID POWELL

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	16	/	2016

**Transaction ID : SB23.I87850**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1303 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JEAN POWERS

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87851**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM SUSAN PRICE

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87852**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM BRET PRICE

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87853**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1304 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM KATHY PRIDDY

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	16	/	2016

**Transaction ID : SB23.I87854**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM MARY PRIMM

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	16	/	2016

**Transaction ID : SB23.I87855**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM BILL PROESTLER

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	16	/	2016

**Transaction ID : SB23.I87856**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM BERT PROL

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87857**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM TERI PRUSAKOWSKI

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87858**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM LIZETTE QUEZADA

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87859**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1306 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM SUZANNE QUIGLEY

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87860**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM DONNA M RADTKE

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87861**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM THERESA RAINERI

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87862**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM DORIS RANA

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87863**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM HARB RANK

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87864**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JON RASHID

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87865**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1308 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JOYCE RAY

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	16	/	2016

**Transaction ID : SB23.I87866**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM ROBERT READE

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	16	/	2016

**Transaction ID : SB23.I87867**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM GLORIA REDONA-MOORE

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	16	/	2016

**Transaction ID : SB23.I87868**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

15.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1309 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JUDITH REDSHAW

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	16	/	2016

**Transaction ID : SB23.I87869**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM SHARON REGIANI

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	16	/	2016

**Transaction ID : SB23.I87870**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM MARVIN REINDERS

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	16	/	2016

**Transaction ID : SB23.I87871**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1310 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM RUSSELL REITZ

Candidate Name

**DONALD J. TRUMP**Office Sought: ☐ House  
☐ Senate  
☒ President  
State: District:Disbursement For: 2016  
☐ Primary ☒ General  
☐ Other (specify) ▼Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87872**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM WALTER RENNER

Candidate Name

**DONALD J. TRUMP**Office Sought: ☐ House  
☐ Senate  
☒ President  
State: District:Disbursement For: 2016  
☐ Primary ☒ General  
☐ Other (specify) ▼Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87873**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM KAREN RENTNER

Candidate Name

**DONALD J. TRUMP**Office Sought: ☐ House  
☐ Senate  
☒ President  
State: District:Disbursement For: 2016  
☐ Primary ☒ General  
☐ Other (specify) ▼Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87874**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1311 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM BARBARA REW

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	16	/	2016

**Transaction ID : SB23.I87875**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM CLIFFORD RIBNER

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	16	/	2016

**Transaction ID : SB23.I87876**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM W A RICHARDSON

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	16	/	2016

**Transaction ID : SB23.I87877**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1312 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM RICH & MARILYN RICHMOND

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87878**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM RUTH RICKENBACHER

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87879**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JOYCE RIDDELL

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87880**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1313 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM SHARON RIDER

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	16	/	2016

**Transaction ID : SB23.I87881**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM LINDA RIZZUTO

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	16	/	2016

**Transaction ID : SB23.I87882**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM NED ROBBINS

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	16	/	2016

**Transaction ID : SB23.I87883**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1314 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JOYCE ROBERIE

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I87884**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM FRANCES ROBERSON

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I87885**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM BRENDAN ROBERTS

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I87886**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1315 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM BARRY ROBICHAUX

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87887**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM LORETTA ROBINSON

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87888**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM WILLIAM ROCHA

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87889**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1316 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM RICHARD ROCKEFELLER

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I87890**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM SUZANNE RODDA

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I87891**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM MIRIAM RODRIGUEZ

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I87892**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1317 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM MARY LYNN ROGERS

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	16	/	2016

**Transaction ID : SB23.I87893**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM HAROLD ROHRBACH

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	16	/	2016

**Transaction ID : SB23.I87894**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM SUZAN ROLLINS

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	16	/	2016

**Transaction ID : SB23.I87895**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1318 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM NELSON ROMARY

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87896**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM CAROLE ROSCITTO

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87897**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM EDWARD ROSE

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87898**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1319 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM WARREN ROSENBAUM

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87899**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM AMY ROSENBERG

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87900**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM CHARLES ROSS

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87901**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1320 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM ELIZABETH ROSS

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87902**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM SILVIA ROTBART

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87903**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM SUZANNE ROYCE

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87904**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1321 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM LARRY RUBIN

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I87905**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM RICHARD RUIZ JR.

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I87906**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM DANIEL RYAN

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I87907**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1322 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM SUSAN RYBA

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	16	/	2016

**Transaction ID : SB23.I87908**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM ROBERT SALVATORE

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	16	/	2016

**Transaction ID : SB23.I87909**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM EDWARD SANAGHAN

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	16	/	2016

**Transaction ID : SB23.I87910**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1323 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City NEW YORK State NY Zip Code 10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM MARGARET SANCHEZ-NIETO

Candidate Name

**DONALD J. TRUMP**Office Sought: ☐ House  
☐ Senate  
☒ President  
State: District:Disbursement For: 2016  
☐ Primary ☒ General  
☐ Other (specify) ▼Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87911**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City NEW YORK State NY Zip Code 10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM LOUIS SANDOR

Candidate Name

**DONALD J. TRUMP**Office Sought: ☐ House  
☐ Senate  
☒ President  
State: District:Disbursement For: 2016  
☐ Primary ☒ General  
☐ Other (specify) ▼Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87912**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City NEW YORK State NY Zip Code 10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM DR. MICHAEL SARRAS JR.

Candidate Name

**DONALD J. TRUMP**Office Sought: ☐ House  
☐ Senate  
☒ President  
State: District:Disbursement For: 2016  
☐ Primary ☒ General  
☐ Other (specify) ▼Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87913**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1324 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM ARTHUR SATHER

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I87914**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM DAVID SATORY

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I87915**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM NANCY SAUNDERS

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I87916**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1325 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM TOM SAVARISE

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I87917**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JAN SAYLOR

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I87918**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM BOB SCARBOROUGH

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I87919**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1326 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM LOIS SCAVONE

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87920**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM BRIAN SCHAEFFER

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87921**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM BOBBIE SCHAFFNIT

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87922**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1327 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM GEORGE AND SUSA SCHAUB

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I87923**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JACQUELINE SCHECHTER

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I87924**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM STANLEY SCHMIDT

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I87925**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1328 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM DEBORAH SCHNABEL

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I87926**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM CATHERINE SCHNEIDER

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I87927**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM NORBERT SCHOLZ

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I87928**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1329 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM SHELLIE SCHULTZ

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I87929**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM ARLENE SCHWARTZ

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I87930**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM PATRICIA SCHWARZMANN

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I87931**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1330 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM ROBERT SCOLAMIERO

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	16	/	2016

**Transaction ID : SB23.I87932**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM CALVIN SCOTT

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	16	/	2016

**Transaction ID : SB23.I87933**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JENNA SCOTT

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	16	/	2016

**Transaction ID : SB23.I87934**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

15.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1331 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM IRWIN SCOTT

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87935**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM EVE K SEARLE

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87936**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM ROBERT SEELING

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87937**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1332 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM MARTA SEHNAL

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	16	/	2016

**Transaction ID : SB23.I87938**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JUNE SEIBERT

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	16	/	2016

**Transaction ID : SB23.I87939**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JOHN SENIUK

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	16	/	2016

**Transaction ID : SB23.I87940**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1333 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM RAVEN SERNA

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	16	/	2016

**Transaction ID : SB23.I87941**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM ROY SEYMOUR

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	16	/	2016

**Transaction ID : SB23.I87942**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM R. ANNE SHALE

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	16	/	2016

**Transaction ID : SB23.I87943**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM PAUL SHAMANSKY

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	16	/	2016

**Transaction ID : SB23.I87944**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM SANDRA SHAVER

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	16	/	2016

**Transaction ID : SB23.I87945**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JOSEPH SHEDLARSKI

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	16	/	2016

**Transaction ID : SB23.I87946**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1335 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JAMES SHEFFER

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I87947**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM ROBERT SHEPHERD

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I87948**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM KATHRYN SHIFFRAR

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I87949**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1336 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM MICHAEL SHOEMAKER

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87950**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM MARIA SILECCHIA

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87951**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JERE SKELTON

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87952**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1337 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM MARTHA SKIPPER

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	16	/	2016

**Transaction ID : SB23.I87953**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM ANNA SKLAR

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	16	/	2016

**Transaction ID : SB23.I87954**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM WALT SKOLNICKI

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	16	/	2016

**Transaction ID : SB23.I87955**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1338 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM J. BRIAN SKONE

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I87956**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM SANFORD SMALL

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I87957**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM TONY SMITH

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I87958**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1339 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM CHARLES SMITH

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87959**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM WENDI SMITH

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87960**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM RANDALL SMITH

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87961**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1340 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM ROY SMITH

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87962**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM LESLIE AND RICH SMITHBAUER

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87963**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM PAUL SNYDER

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87964**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1341 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM ROLAND SONG

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I87965**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM ELIZABETH SOOS

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I87966**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM LINDA SORENSON

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I87967**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1342 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM MANUEL SOUSA

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87968**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM KATHERINE SQUERI

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87969**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM ELLEN STANBACH

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87970**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1343 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM CORNELIU STANCIU

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	16	/	2016

**Transaction ID : SB23.I87971**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM EDWARD STARK

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	16	/	2016

**Transaction ID : SB23.I87972**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM HOLLY STAVIS

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	16	/	2016

**Transaction ID : SB23.I87973**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1344 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM NANCY STEFANSKI

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87974**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM WITHOLD STEINAGEL

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87975**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM ALICE STEINBACHER

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87976**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1345 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM STEVE STELTER

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87977**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM DONNA STEPP

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87978**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM KENNETH STEWART

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87979**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1346 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM GREGORY STIEBER

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I87980**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM TERRY AND DANA STILSON

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I87981**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM GREG STINSON

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I87982**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1347 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM WAYNE STOREY

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87983**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM CECILE STORMENT

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87984**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JOHN STOUT

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87985**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1348 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM MARGARET STOVALL

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87986**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM PAULA STRAHM

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87987**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM LOUISE STROUT

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87988**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1349 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM PUANGSRI SUWANKOSAI

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Transaction ID : SB23.I87989

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JOE SWEET

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Transaction ID : SB23.I87990

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JUDITH TALBOT

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Transaction ID : SB23.I87991

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1350 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM NANCY TALIAFERRO

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	16	/	2016

**Transaction ID : SB23.I87992**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM LAXMI TANDON

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	16	/	2016

**Transaction ID : SB23.I87993**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM NANCY TANNER

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	16	/	2016

**Transaction ID : SB23.I87994**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1351 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM PATRICIA TARDI

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87995**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM THOMAS TAYLOR

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87996**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM MARVIN TAYLOR

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I87997**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1352 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM SCHILTZ TED

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I87998**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM HOMER T TERRY

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I87999**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM KAREN THOMAS

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I88000**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1353 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM SHIRLEY THOMAS

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I88001**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM SANDY THOMSON

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I88002**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM DENNIS THORN

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I88003**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1354 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM CAROL L. THORPE

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I88004**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM LYNDA TODARO

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I88005**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM PAUL TOPPINO

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I88006**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1355 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM PATRICIA TORIAN

Candidate Name

**DONALD J. TRUMP**

Office Sought:	House
	Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I88007**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM WILLIAM TOW

Candidate Name

**DONALD J. TRUMP**

Office Sought:	House
	Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I88008**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM TAM TRAN

Candidate Name

**DONALD J. TRUMP**

Office Sought:	House
	Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I88009**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1356 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM ELAINE TREABER

Candidate Name

**DONALD J. TRUMP**

Office Sought:	House
	Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I88010**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM ROLAND TRIMMER

Candidate Name

**DONALD J. TRUMP**

Office Sought:	House
	Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I88011**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM CARL TROIANO

Candidate Name

**DONALD J. TRUMP**

Office Sought:	House
	Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I88012**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1357 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM VALERIE TROPEA

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I88013**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM YVONNE TSCHUDI

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I88014**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM ARMON TUBERG

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I88015**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1358 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM ROBERT TURNER

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88016**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM ELTON TURNER

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88017**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JORGE UGARTE

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88018**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1359 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JANET UMPHRESS

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I88019**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM GLADYS VALDEZ

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I88020**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM ERIC VAN COURT

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I88021**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM ALIDA VAN GALEN

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I88022**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM CHASE VAN KIRK

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I88023**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM WARREN VANDERBURGH

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I88024**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1361 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM NELLY VAYSTIKH

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Category/  
Type**Transaction ID : SB23.I88025**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM ROBERT VEHN

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Category/  
Type**Transaction ID : SB23.I88026**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JOE VICK

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Category/  
Type**Transaction ID : SB23.I88027**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1362 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM MARCIA VIGLIONE

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I88028**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM RICHARD E. VILLAMANA

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I88029**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JANE P. VIRGILLO

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I88030**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1363 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM LARRAINE VIVIANO

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	16	/	2016

**Transaction ID : SB23.I88031**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM NORMAN VOIGT

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	16	/	2016

**Transaction ID : SB23.I88032**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM BARBARA VOLICK

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	16	/	2016

**Transaction ID : SB23.I88033**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1364 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM BARBARA WADSWORTH

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	16	/	2016

**Transaction ID : SB23.I88034**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM FREDERICKA WAGNER

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	16	/	2016

**Transaction ID : SB23.I88035**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM ELLEN WALKER

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	16	/	2016

**Transaction ID : SB23.I88036**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1365 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM FRANK WALKER

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	16	/	2016

**Transaction ID : SB23.I88037**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM ED WALKER

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	16	/	2016

**Transaction ID : SB23.I88038**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM LOYCE WALKER

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	16	/	2016

**Transaction ID : SB23.I88039**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1366 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM LEONARD WALTERS

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	16	/	2016

**Transaction ID : SB23.I88040**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM GYME WARBRICK

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	16	/	2016

**Transaction ID : SB23.I88041**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM ROBIN D. WARD

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	16	/	2016

**Transaction ID : SB23.I88042**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1367 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM REBECCA WARD

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88043**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JOHN WARNER

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88044**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM DWIGHT WARTHAN

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88045**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1368 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM VAN WATERS

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88046**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JENNIFER WATERS

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88047**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM SOONIE WATSON

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88048**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1369 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM PATRICIA E WATSON

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	16	/	2016

**Transaction ID : SB23.I88049**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM ROSE WEBB

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	16	/	2016

**Transaction ID : SB23.I88050**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM KARLA WEBB

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	16	/	2016

**Transaction ID : SB23.I88051**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1370 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM ROGER F. WEBSTER

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I88052**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM ROBERT WEICHEL

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I88053**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM SYDNEY WEIMER

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I88054**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1371 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM THOMAS WEISSEBERGER

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I88055**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JULIANNE WERNER

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I88056**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM DIANE WESGATE

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I88057**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1372 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM HUGH WEST

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type

Transaction ID : SB23.I88058

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM BOBBY WEST

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type

Transaction ID : SB23.I88059

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM SUSAN WESTERFIELD

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type

Transaction ID : SB23.I88060

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1373 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM THOMESA WHITE

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I88061**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM ROBERT WHITTEN

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I88062**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM ROBERT WHITTEN

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I88063**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1374 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM BARBARA WIFORD

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I88064**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JACK WILLIAMS

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I88065**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM DIANNE WILLIAMS

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I88066**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1375 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM DORA WILLIAMS

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I88067**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM BUCK WILLIAMS

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I88068**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM ROLAND WILLIAMS

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I88069**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

15.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1376 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM REBECCA WILLIAMS

Candidate Name

**DONALD J. TRUMP**

Office Sought:	House
	Senate
<input checked="" type="checkbox"/>	President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I88070**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM WINIFRED WILLIAMS

Candidate Name

**DONALD J. TRUMP**

Office Sought:	House
	Senate
<input checked="" type="checkbox"/>	President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I88071**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM LINDA WILLIAMSON

Candidate Name

**DONALD J. TRUMP**

Office Sought:	House
	Senate
<input checked="" type="checkbox"/>	President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I88072**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1377 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM DARLENE WILSON

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	16	/	2016

**Transaction ID : SB23.I88073**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM RIC WINDMILLER

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	16	/	2016

**Transaction ID : SB23.I88074**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM BETTY WINKLER

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	16	/	2016

**Transaction ID : SB23.I88075**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1378 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM ROBERT WINTERS

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type

Transaction ID : SB23.I88076

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM DENNIS WINTERS

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type

Transaction ID : SB23.I88077

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM RICHARD D WINZELER

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type

Transaction ID : SB23.I88078

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1379 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM ROBERT WITTMAN

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	16	/	2016

**Transaction ID : SB23.I88079**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM MARY WODELL

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	16	/	2016

**Transaction ID : SB23.I88080**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM DENNIS WOLLEN

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	16	/	2016

**Transaction ID : SB23.I88081**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1380 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JACYNTHIA WOOD

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I88082**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM KEITH WOOD

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I88083**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM LONNIE WOOD

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I88084**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1381 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JONATHAN WOODALL

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I88085**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM DIANE WOODARD

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I88086**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JOHN BRYCE WOODBURY

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I88087**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1382 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JOAN WORKMAN

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type

Transaction ID : SB23.I88088

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM RONNY G WORKMAN

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type

Transaction ID : SB23.I88089

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JOHNNY WORLEY

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type

Transaction ID : SB23.I88090

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1383 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JOHN WRIGHT

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I88091**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JOE R WRIGHT

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I88092**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JOHN WRIGHT

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I88093**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1384 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM BRUNO WROBLEWSKI

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	16	/	2016

**Transaction ID : SB23.I88094**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM RACHEL%%FIRST%%  
WILTSBAUGH

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	16	/	2016

**Transaction ID : SB23.I88095**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM DIANA WYLLIE

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	16	/	2016

**Transaction ID : SB23.I88096**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1385 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM ARLENE YEH

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88097**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM CAPTAIN DAVID YONAN

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88098**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM BETTY YOUNG

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88099**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1386 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM BETSY YOUNG

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	16	/	2016

**Transaction ID : SB23.I88100**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM ANNE ZACK

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	16	/	2016

**Transaction ID : SB23.I88101**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JEROME ZAKS

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	16	/	2016

**Transaction ID : SB23.I88102**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM CONNIE ZAPF

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	16	/	2016

**Transaction ID : SB23.I88103**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM BONNUE ZAPF

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	16	/	2016

**Transaction ID : SB23.I88104**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM PHYLLIS ZDUNKIEWICZ

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	16	/	2016

**Transaction ID : SB23.I88105**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1388 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM CHRISTOPHER ZUKLE

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I88106**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM PETER TRUE

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		16		2016

**Transaction ID : SB23.I88107**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM WALTER ANDERSON

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		20		2016

**Transaction ID : SB23.I88108**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1389 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		20		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM LINDA ANGEL

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I88109**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		20		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM GUDRUN ARMADA

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I88110**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		20		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM DONALD BERGER

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I88111**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1390 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		20		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM SERGE A BERVY SR.

Candidate Name

**DONALD J. TRUMP**Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

**Transaction ID : SB23.I88112**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		20		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM THOMAS BURDETTE

Candidate Name

**DONALD J. TRUMP**Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

**Transaction ID : SB23.I88113**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		20		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM WILLIAM BURGESS JR.

Candidate Name

**DONALD J. TRUMP**Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

**Transaction ID : SB23.I88114**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1391 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		20		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM HARRY CHATFIELD

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I88115**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		20		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM ISABELLA CHICK-CALDWELL

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I88116**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		20		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM REP. CHRIS CHRISTENSEN

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I88117**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		20		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM LORETTA CROW

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Category/  
Type**Transaction ID : SB23.I88118**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		20		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM CATHERINE S. DUPONT

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Category/  
Type**Transaction ID : SB23.I88119**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		20		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM DORIS EDLAND

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Category/  
Type**Transaction ID : SB23.I88120**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1393 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		20		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM DOUGLAS GIMBERT

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88121**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		20		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM EDWARD GONZALEZ

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88122**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		20		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JIM HALL

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88123**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1394 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		20		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM TOM HIGGS

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I88124**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		20		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM DOREEN HOGE

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I88125**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		20		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM MILDRED JOHNS

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I88126**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1395 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		20		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM LARRY KIVINSKI

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88127**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		20		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM DANIEL LILES

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88128**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		20		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM MICHAEL LUKE

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88129**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1396 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		20		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM P AND K MARKEL

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88130**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		20		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM RON MCCRAW

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88131**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		20		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM EUGENE MECHLING

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88132**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1397 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		20		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM MARC MUSSI

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Category/  
Type**Transaction ID : SB23.I88133**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		20		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JOHN NEVIN

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Category/  
Type**Transaction ID : SB23.I88134**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		20		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM DONALD NEWTON

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Category/  
Type**Transaction ID : SB23.I88135**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1398 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		20		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM LINDA NOORDMAN

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88136**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		20		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM DOUGLAS PALENSCHAT

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88137**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		20		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM GAIL PARKER

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88138**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1399 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		20		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM HENRIETTE PIPPIN

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88139**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		20		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM LINDSAY PRATT

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88140**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		20		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM RANDY & SUSAN RIZZETTO

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88141**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1400 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		20		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM MIRIAM RODRIGUEZ

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I88142**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		20		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM LUIS RODRIGUEZ CID

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I88143**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		20		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM PATRICIA RYAN

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I88144**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1401 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		20		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM LOU SCHILLINGER

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88145**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		20		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM DAN SPENCER

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88146**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		20		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM RAYMOND ST YVES

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88147**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1402 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM LOYCE STRIEBECK

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	20	/	2016

**Transaction ID : SB23.I88148**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM ARTHUR STURM

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	20	/	2016

**Transaction ID : SB23.I88149**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM KAREN SUSSIN

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	20	/	2016

**Transaction ID : SB23.I88150**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1403 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		20		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM MARGARET SWARTZ

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88151**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		20		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JUDITH TACK

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88152**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		20		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM SHERRY TOWNSEND

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88153**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1404 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM FRANK WALTON

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		20		2016

**Transaction ID : SB23.I88154**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM FREDERICK W WILLIS

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		20		2016

**Transaction ID : SB23.I88155**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM LINDA WINTERS

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		20		2016

**Transaction ID : SB23.I88156**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1405 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		20		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM PEGGY ZETTNER

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I88157**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		20		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM MARK ANDERSON

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I88158**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		20		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM SUEANNE BASSETT

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I88159**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1406 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		20		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM LOUISE DAGGS

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I88160**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		20		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM CARMEN GREG

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I88161**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		20		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM NICK HUBSMITH

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I88162**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1407 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		20		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM ASHLEY WELLS LEWIS

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I88163**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		20		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JAMES MCGILL

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I88164**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		20		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM PEDRO ORTIZ

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I88165**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1408 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		20		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM KEITH ROCKEY

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88166**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		20		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM RONALD SELL

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88167**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		20		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM WALTER T GRETH

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88168**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

15.00
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1409 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM CAROL HEINZE

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		20		2016

**Transaction ID : SB23.I88169**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM RICHARD HISER

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		20		2016

**Transaction ID : SB23.I88170**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM KAY PRUITT

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		20		2016

**Transaction ID : SB23.I88171**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1410 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM KATHRYN M. REICHERT

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		20		2016

**Transaction ID : SB23.I88172**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM CURTIS SPENCER

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		20		2016

**Transaction ID : SB23.I88173**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM ROSEANN DELEO

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		20		2016

**Transaction ID : SB23.I88174**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1411 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		20		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM ARTHUR TENNY

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88175**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JONATHAN KENNEDY

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88176**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM MARK PREUSS

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88177**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1412 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM ROBERT WOLFE

Candidate Name

**DONALD J. TRUMP**

Office Sought:	House
	Senate
<input checked="" type="checkbox"/>	President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

**Transaction ID : SB23.I88178**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM PHILLIP ABBOTT

Candidate Name

**DONALD J. TRUMP**

Office Sought:	House
	Senate
<input checked="" type="checkbox"/>	President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

**Transaction ID : SB23.I88179**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JOHN ABELES

Candidate Name

**DONALD J. TRUMP**

Office Sought:	House
	Senate
<input checked="" type="checkbox"/>	President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

**Transaction ID : SB23.I88180**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1413 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM LINDA ADAIR

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	24	/	2016

**Transaction ID : SB23.I88181**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM GARY ADAMS

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	24	/	2016

**Transaction ID : SB23.I88182**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JOHN ADAMS

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	24	/	2016

**Transaction ID : SB23.I88183**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1414 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM MARTHA ADAMS

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88184**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM FRANCIS AFFOLTER

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88185**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM DEBORAH AGUIRRE

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88186**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1415 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM MICHAEL AHLSTROM

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
TypeTransaction ID : **SB23.I88187**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM PAUL T ALBERS

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
TypeTransaction ID : **SB23.I88188**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM CHARLES ALBRITTON

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
TypeTransaction ID : **SB23.I88189**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1416 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM PAUL ALEXANDER

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

**Transaction ID : SB23.I88190**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM DON ALLEN

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

**Transaction ID : SB23.I88191**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM J.R. ALLSOP

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

**Transaction ID : SB23.I88192**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM LAURA ALTIERI

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88193**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM PATRICIA A ALTMAN

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88194**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM MARIAN AMBELANG

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88195**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM NORBERT AMINZIA SR.

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88196**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM KATHLEEN AMMEL

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88197**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM HAL ANDERSON

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88198**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1419 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM NICKY ANDERSON

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I88199**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM TRISHA ANDERSON

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I88200**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM RICHARD L. ANDERSON SR.

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I88201**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1420 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM NANCY ARCHULETA

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88202**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM SUSAN ARMSTRONG

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88203**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM FLOYD ARTHUR

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88204**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1421 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM HELEN ARTIM

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88205**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JAMES W ASBURY

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88206**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM DAVID AUGUSTA

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88207**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1422 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM MARINO B BUAL

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88208**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM ALBERT BABBITT

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88209**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM WILLIAM BACKS

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88210**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1423 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM CHARLES BAGLO

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I88211**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM FRANK BAILEY

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I88212**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM ROBERT BAIRD

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I88213**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1424 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM BARBARA BAKER

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88214**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM ROBERT BAKER

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88215**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM WILLIAM E BAKER

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88216**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1425 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM BEN BALANZA

Candidate Name

**DONALD J. TRUMP**Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☒ President  
State: District:Disbursement For: 2016  
☐ Primary ☒ General  
☐ Other (specify) ▼**Transaction ID : SB23.I88217**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM RICHARD BALOGH

Candidate Name

**DONALD J. TRUMP**Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☒ President  
State: District:Disbursement For: 2016  
☐ Primary ☒ General  
☐ Other (specify) ▼**Transaction ID : SB23.I88218**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM SHAARON BANGS

Candidate Name

**DONALD J. TRUMP**Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☒ President  
State: District:Disbursement For: 2016  
☐ Primary ☒ General  
☐ Other (specify) ▼**Transaction ID : SB23.I88219**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1426 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM LARRY BARBER

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type

Transaction ID : SB23.I88220

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM VICKI BARBER

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type

Transaction ID : SB23.I88221

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM WILLIAM BARFIELD

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type

Transaction ID : SB23.I88222

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1427 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JANINE P BARKER

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President  
 State: District:

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼
Category/  
Type**Transaction ID : SB23.I88223**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM RALPH BARKER

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President  
 State: District:

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼
Category/  
Type**Transaction ID : SB23.I88224**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JOSEPH BASLER

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President  
 State: District:

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼
Category/  
Type**Transaction ID : SB23.I88225**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1428 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JAMES BATES

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

**Transaction ID : SB23.I88226**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM PHIL BAXTER

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

**Transaction ID : SB23.I88227**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM ROBERT BBEAZLEY

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

**Transaction ID : SB23.I88228**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM HAROLD BEADLING

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88229**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM BURTON BEAMER

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88230**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM ALFONSO BEAMUD

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88231**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1430 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM LAMAR BEASLEY

Candidate Name

**DONALD J. TRUMP**Office Sought: ☐ House  
☐ Senate  
☒ President  
State: District:Disbursement For: 2016  
☐ Primary ☒ General  
☐ Other (specify) ▼Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

**Transaction ID : SB23.I88232**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM CHRISTOPHER BECKER

Candidate Name

**DONALD J. TRUMP**Office Sought: ☐ House  
☐ Senate  
☒ President  
State: District:Disbursement For: 2016  
☐ Primary ☒ General  
☐ Other (specify) ▼Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

**Transaction ID : SB23.I88233**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM KAREN BECKER

Candidate Name

**DONALD J. TRUMP**Office Sought: ☐ House  
☐ Senate  
☒ President  
State: District:Disbursement For: 2016  
☐ Primary ☒ General  
☐ Other (specify) ▼Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

**Transaction ID : SB23.I88234**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1431 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM STANLEY BEDNARZ

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88235**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JAN BEGLEY

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88236**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM DIANE BELANGER

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88237**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1432 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM WILLIAM BELCHER

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88238**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM ELIONNE BELDEN

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88239**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM LEONID BELDER

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88240**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1433 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM WILLIAM BELLOT

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88241**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM DAVID BENNETT

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88242**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JANET BENNETT

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88243**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1434 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM WILLIAM BENNETT

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88244**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JOHN M BERGDAHL

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88245**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM TIMOTHY BERGER

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88246**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1435 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM NANCY BERGMAN

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88247**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM THOMAS BERRIGAN

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88248**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM RODNEY BEVERLY

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88249**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1436 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM PAUL BEWIE

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I88250**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM BHARAT BHARGAVA

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I88251**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM DARREL BILLINGS

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I88252**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1437 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM DOUGLAS BILLINGS

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88253**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JULIUS BINETTI

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88254**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM GARY BIS

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88255**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1438 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM BIANCA BLACK

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Category/  
Type**Transaction ID : SB23.I88256**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM STEPHEN BLACKE

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Category/  
Type**Transaction ID : SB23.I88257**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM ANNE BLAKE

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Category/  
Type**Transaction ID : SB23.I88258**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1439 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JOHN BLAKELY

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88259**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM THANKS WILLETT BLALOCK

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88260**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JIM BLAYLOCK

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88261**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1440 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM PATRICIA BLEERS

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88262**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM BONNIE BLOEMHOF

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88263**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM GREG BLUBAUGH

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88264**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1441 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM CHARLES BOGAR

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

**Transaction ID : SB23.I88265**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JOHN BOGGS

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

**Transaction ID : SB23.I88266**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM ROGER BOGGS

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

**Transaction ID : SB23.I88267**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1442 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM SVETLANA BOITSOVA

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88268**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM ANTHONY BONACQUISTI

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88269**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM RALPH BONES

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88270**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1443 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM PHYLLIS BONI

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88271**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM MARY BONNELL

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88272**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM CHRISTINE BONNEVILLE

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88273**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1444 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM SHEILA BOOKWALTER

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88274**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM KEVIN BOOTZ

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88275**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM RODGER BORGE

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88276**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1445 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JACK BORNHOEFT

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type

Transaction ID : SB23.I88277

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM RONALD BOSS

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type

Transaction ID : SB23.I88278

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM SONDRA BOSS

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type

Transaction ID : SB23.I88279

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1446 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM DORIS BOSTICK

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88280**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM EVA BOSTROM

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88281**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM ANN BOTTARI

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88282**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1447 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM LARRY E BOWSER

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88283**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM ANDREW BOYD

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88284**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM GARY BOYD

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88285**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1448 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM PAUL BRACKELSBURG

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I88286**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JOSEPH BRACKEN

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I88287**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JOHN BRADLEY

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I88288**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1449 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM CAROL BRADY

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I88289**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JOHN BRAITHWAITE

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I88290**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JAMES BRANCH

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I88291**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1450 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM KATHY BRANDT

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88292**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM ANDREW BRANLEY

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88293**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM LEONARD BRANNOM

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88294**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1451 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JACK BREEDLOVE

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Category/  
Type**Transaction ID : SB23.I88295**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM MONIQUE BREEN

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Category/  
Type**Transaction ID : SB23.I88296**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM SARAH BRENDER

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Category/  
Type**Transaction ID : SB23.I88297**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1452 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM PATRICIA BRENNAN

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I88298**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM HOLLY BRICKNER

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I88299**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM WILLIAM BRIDE

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I88300**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1453 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM CHARLES BRINNON

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88301**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM DEBBIE BRITE

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88302**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM CARL BRITT

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88303**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1454 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM CONSTANCE BROCHHAGEN

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

**Transaction ID : SB23.I88304**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM HETSIE BROCK

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

**Transaction ID : SB23.I88305**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM DOUGLAS BROCKIE

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

**Transaction ID : SB23.I88306**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1455 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM PATRICIA BROOKHART

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I88307**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM MICHAEL BROOKS

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I88308**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM MICHAEL J BROOKS

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I88309**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1456 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM RONALD G BROSCART

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

**Transaction ID : SB23.I88310**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM GERALD BROWN

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

**Transaction ID : SB23.I88311**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM GLENN BROWN

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

**Transaction ID : SB23.I88312**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1457 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM SUE BROWN

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88313**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM WILLIE BROWN

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88314**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM DAVID BROWNING

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88315**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1458 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM RICHARD BRYANT

Candidate Name

**DONALD J. TRUMP**Office Sought: ☐ House  
☐ Senate  
☒ President  
State: District:Disbursement For: 2016  
☐ Primary ☒ General  
☐ Other (specify) ▼Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

**Transaction ID : SB23.I88316**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM GARY BRYSON

Candidate Name

**DONALD J. TRUMP**Office Sought: ☐ House  
☐ Senate  
☒ President  
State: District:Disbursement For: 2016  
☐ Primary ☒ General  
☐ Other (specify) ▼Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

**Transaction ID : SB23.I88317**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM DOUGLAS BUCHANAN

Candidate Name

**DONALD J. TRUMP**Office Sought: ☐ House  
☐ Senate  
☒ President  
State: District:Disbursement For: 2016  
☐ Primary ☒ General  
☐ Other (specify) ▼Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

**Transaction ID : SB23.I88318**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1459 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM DENNIS BUCK

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88319**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM HAZEL BUEHLER

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88320**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM DAVID A. BURACK

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88321**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1460 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JACOB BURCKHARD

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Category/  
Type

Transaction ID : SB23.I88322

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM BRENT BURDGE

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Category/  
Type

Transaction ID : SB23.I88323

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM BARBARA BURGER

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Category/  
Type

Transaction ID : SB23.I88324

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1461 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM BOBBY BURGESS

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88325**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM KAREN BURKETT

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88326**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JUDY BURNS

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88327**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1462 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM THERESA BURNS

Candidate Name

**DONALD J. TRUMP**

Office Sought:	House
	Senate
<input checked="" type="checkbox"/>	President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I88328**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM CHARLES BURRELL

Candidate Name

**DONALD J. TRUMP**

Office Sought:	House
	Senate
<input checked="" type="checkbox"/>	President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I88329**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM L BUTTERFIELD

Candidate Name

**DONALD J. TRUMP**

Office Sought:	House
	Senate
<input checked="" type="checkbox"/>	President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I88330**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1463 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM MELVILLE BYINGTON

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I88331**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JOHN BYRAM

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I88332**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JENNIFER BYRON

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I88333**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1464 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM LAINE BYRUM

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88334**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM MICHELE CABOT

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88335**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM BARTON CAHAN

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88336**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1465 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JERRY CAIN

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I88337**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JOHN CAIN

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I88338**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM PIERINA CALDERA

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I88339**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1466 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM DAN CALLAHAN

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

**Transaction ID : SB23.I88340**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM GLORIA CALLAHAN

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

**Transaction ID : SB23.I88341**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM LAMAR CALLAWAY

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

**Transaction ID : SB23.I88342**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1467 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM ALICE CALVERLEY

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88343**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM ANDREW L CALVETTI

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88344**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JUDY CAMERUCA

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88345**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1468 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM ALFRED CAMPBELL

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I88346**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM GINA CAMPBELL

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I88347**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM ROBERT CAMPBELL

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I88348**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1469 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM RON CAMPBELL

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88349**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM WILLIAM CAPELL

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88350**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM FRED CAPSHEW

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88351**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1470 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM TOM CAREY

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

**Transaction ID : SB23.I88352**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM DEAN CARGILE

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

**Transaction ID : SB23.I88353**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JOHN CARMICHAEL

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

**Transaction ID : SB23.I88354**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1471 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM ROBERT CARMODY

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88355**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM LINDA CARNEY

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88356**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM KEITH CARPENTER

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88357**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1472 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM RALPH CARPENTER

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88358**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM LARRY CARRIER

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88359**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JANE CARROLL

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88360**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1473 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM RITA CARROLL

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

**Transaction ID : SB23.I88361**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM GREGORY CARSTENSEN

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

**Transaction ID : SB23.I88362**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JIM CARTER

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

**Transaction ID : SB23.I88363**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1474 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM RICHARD CARTER

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

**Transaction ID : SB23.I88364**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JOE CARUSO

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

**Transaction ID : SB23.I88365**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JAMES CASEY

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

**Transaction ID : SB23.I88366**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

15.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1475 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM SCHEREL CASTLEMAN

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I88367**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JANET CATHER

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I88368**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM MARY CEPPARULO

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I88369**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1476 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM AGNES CHADICK

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I88370**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JAMES CHANDLER

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I88371**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM CHARLES CHAPMAN

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I88372**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1477 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM TIMOTHY CHAPMAN

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88373**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM DANE CHARLES

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88374**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JEAN-CLAUDE CHEVALME

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88375**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1478 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM MARLENE CHILDERS

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88376**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JOYCE CHRISTIE

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88377**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM THOMAS CHRISTY

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88378**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1479 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM NORMA CILLO

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I88379**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM GREGORY CLARK

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I88380**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM DONALD CLAYBURGH

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I88381**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1480 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM HM CLAYCOMB

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

**Transaction ID : SB23.I88382**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM FREDDIE CLAYTON

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

**Transaction ID : SB23.I88383**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JOHN CLINE

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

**Transaction ID : SB23.I88384**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1481 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM WALTER CLUER

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88385**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM RUTH COL

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88386**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM PHILLIP COLEY

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88387**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1482 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM REBECCA COLLETT

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88388**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JIM COLTON

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88389**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JK CONNER

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88390**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1483 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM ROBERT CONRAD

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88391**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM SANDRA CONSTABLE

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88392**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM PAUL CONSTANTAKIS

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88393**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1484 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM STEVE COOGLER

Candidate Name

**DONALD J. TRUMP**Office Sought: ☐ House  
☐ Senate  
☒ President  
State: District:Disbursement For: 2016  
☐ Primary ☒ General  
☐ Other (specify) ▼Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

**Transaction ID : SB23.I88394**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM MARYBETH COOK

Candidate Name

**DONALD J. TRUMP**Office Sought: ☐ House  
☐ Senate  
☒ President  
State: District:Disbursement For: 2016  
☐ Primary ☒ General  
☐ Other (specify) ▼Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

**Transaction ID : SB23.I88395**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM GEORGE COOPER

Candidate Name

**DONALD J. TRUMP**Office Sought: ☐ House  
☐ Senate  
☒ President  
State: District:Disbursement For: 2016  
☐ Primary ☒ General  
☐ Other (specify) ▼Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

**Transaction ID : SB23.I88396**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM SUE CORRADETTI

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I88397**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM LARRY CORTLAND

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I88398**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM ARLENE COSNER

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I88399**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM DAVID COULTER

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

**Transaction ID : SB23.I88400**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JERRY COURTNEY

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

**Transaction ID : SB23.I88401**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM ROBERT COWAN

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

**Transaction ID : SB23.I88402**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM BRENT & JULIE COWLEY

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88403**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM SALLY CRANE

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88404**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM BARBARA CREIGHTON

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88405**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1488 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM THOMAS CREIGHTON

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88406**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM TERRENCE CRENSHAW

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88407**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM LILY CREW

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88408**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM MARGARET CROTTY

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type

Transaction ID : SB23.I88409

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM ELIZABETH CULLIGAN

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type

Transaction ID : SB23.I88410

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JEANNETTE CUNNINGHAM

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type

Transaction ID : SB23.I88411

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM SHIRLEY CUSSINS

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I88412**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM ALVARO DA SILVA

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I88413**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM RUSSELL DALBA

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I88414**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JOHN DALE

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	24	/	2016

**Transaction ID : SB23.I88415**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM THOMAS DANVELO

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	24	/	2016

**Transaction ID : SB23.I88416**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM ROYA DARDASHTI

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	24	/	2016

**Transaction ID : SB23.I88417**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM MICHAEL DATTOMA

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88418**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM DELORES DAUGHERTY

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88419**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JUDY DAUGHERTY

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88420**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM DAVID DAVIS

Candidate Name

**DONALD J. TRUMP**

Office Sought:	House
	Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

**Transaction ID : SB23.I88421**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM DOROTHY DAVIS

Candidate Name

**DONALD J. TRUMP**

Office Sought:	House
	Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

**Transaction ID : SB23.I88422**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JOANNE DAVIS

Candidate Name

**DONALD J. TRUMP**

Office Sought:	House
	Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

**Transaction ID : SB23.I88423**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1494 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JUDITH DAVIS

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

**Transaction ID : SB23.I88424**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JUDY DAVIS

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

**Transaction ID : SB23.I88425**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM MICHELLE DAVIS

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

**Transaction ID : SB23.I88426**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM GRACE DAWSON

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Category/  
Type

Transaction ID : SB23.I88427

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JAN M DAWSON

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Category/  
Type

Transaction ID : SB23.I88428

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JOHN DAWSON

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Category/  
Type

Transaction ID : SB23.I88429

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1496 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JOSEPH DCOSTA

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I88430**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM LUIS DE AMEHAZURRA

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I88431**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM DAVID DE COSTA

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I88432**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1497 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM BECKY DEANS

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88433**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM MARY DEBOER

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88434**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM SHELLEY DECKER

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88435**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1498 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM DAVID DEDMON

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type

Transaction ID : SB23.I88436

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM LEON DEES

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type

Transaction ID : SB23.I88437

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JAMES DEHART

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type

Transaction ID : SB23.I88438

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1499 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM MARIE DEKNIKKER

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88439**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM MICHAEL DELANEY

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88440**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM SANDRA DELAUGHTER

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88441**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1500 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM KADEE DELLA DONNA

Candidate Name

**DONALD J. TRUMP**

Office Sought:	House
	Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

**Transaction ID : SB23.I88442**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM RICHRD DEMOTT

Candidate Name

**DONALD J. TRUMP**

Office Sought:	House
	Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

**Transaction ID : SB23.I88443**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM CHARLES DENTON

Candidate Name

**DONALD J. TRUMP**

Office Sought:	House
	Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

**Transaction ID : SB23.I88444**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1501 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM RONALD DERHAM

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88445**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM DON DESANTI

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88446**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM RICK DEVRIES

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88447**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1502 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM ROGER DEWALT

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I88448**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM EUGENE DI BARTOLO

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I88449**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM RONALD DIBBLE

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I88450**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1503 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM DANIEL DIEDEL

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88451**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM THOMAS DIETZ

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88452**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM SHERRY DILLEY

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88453**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1504 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM AGNES DIXON

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88454**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM LAWRENCE DIXON

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88455**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM DAVID DODART

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88456**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1505 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM GERALD DODSON

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I88457**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM TOM DOLDER

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I88458**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM DAVID DONELSON

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I88459**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1506 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM HELEN DONOVAN

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

**Transaction ID : SB23.I88460**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM ELIZABETH DOUGLAS

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

**Transaction ID : SB23.I88461**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM CARL DUBOVY

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

**Transaction ID : SB23.I88462**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1507 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM HENRY DUCHARME

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I88463**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM DAVID DUNCOMBE

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I88464**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM WAYNE DUNSHEE

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I88465**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM THOMAS DUNSWORTH

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

**Transaction ID : SB23.I88466**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM TREVOR DUPUY

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

**Transaction ID : SB23.I88467**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM DAVID DURBON

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

**Transaction ID : SB23.I88468**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM DAN DWYER

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

**Transaction ID : SB23.I88469**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM EDWARD DWYER

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

**Transaction ID : SB23.I88470**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM LYNN DYER

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

**Transaction ID : SB23.I88471**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1510 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM BARBARA EAGLESTON

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	24	/	2016

**Transaction ID : SB23.I88472**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM RICHARD EARLE

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	24	/	2016

**Transaction ID : SB23.I88473**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM KATHRYN EASLEY

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	24	/	2016

**Transaction ID : SB23.I88474**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1511 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM DOUGLAS EASTON

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type

Transaction ID : SB23.I88475

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JAMES W. ECKFORD

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type

Transaction ID : SB23.I88476

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM TOM ECONOMY

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type

Transaction ID : SB23.I88477

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1512 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM MARJORIE EILERS

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Category/  
Type**Transaction ID : SB23.I88478**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JULES ELLINGBOE

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Category/  
Type**Transaction ID : SB23.I88479**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM PATRICIA ELLIOTT

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Category/  
Type**Transaction ID : SB23.I88480**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1513 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM AUSTIN ELLIS

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

**Transaction ID : SB23.I88481**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM FRANK ELLISOR

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

**Transaction ID : SB23.I88482**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM PHIL ELSNER

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

**Transaction ID : SB23.I88483**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1514 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM ROSEMARY EMBRY

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88484**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM GLORIA EMERSON

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88485**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM WILLIAM ENGELKEMIER

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88486**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1515 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM GEORGE ENGLISH

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88487**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM MARGIE EPPLEY

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88488**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JOHN ERAS

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88489**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1516 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM ERIC ERICKSON

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88490**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM KEITH ERICKSON

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88491**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM MARK ERICKSON

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88492**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1517 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM ELAINE ERVIN

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I88493**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM MARY ESKEW

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I88494**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM MICHELE ESKOW

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I88495**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM DEBORAH ESPINOZA

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88496**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM ADOLPH EVANGELISTA

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88497**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM EVAN EVANS

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88498**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM MARK EVANS

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type

Transaction ID : SB23.I88499

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM PATRICIA EVANS

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type

Transaction ID : SB23.I88500

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM REGINA EWING

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type

Transaction ID : SB23.I88501

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1520 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM DAVID FAGAN

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88502**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM DENNIS FAHS

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88503**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM ESTON FAIN

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88504**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1521 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM TOM FAIRHURST

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I88505**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM GAYLE LEE FAIRLESS

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I88506**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM RICHARD FALL

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I88507**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1522 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM LOUIS FANTOZZI

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88508**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM CHRISTINE FARINA

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88509**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM KEITH FAUCI

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88510**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1523 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM CHARLES FEASELMAN

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88511**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM PATRICIA FEATHERINGHAM

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88512**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM CLAUDIA FEATHERSTON

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88513**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1524 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM THERESA FEELY

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	24	/	2016

**Transaction ID : SB23.I88514**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM HARRY FERGUSON

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	24	/	2016

**Transaction ID : SB23.I88515**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM MIKE FERNALD

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	24	/	2016

**Transaction ID : SB23.I88516**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1525 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM FRANCO FERRARI

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Category/  
Type**Transaction ID : SB23.I88517**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JOSEPH FERRARO

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Category/  
Type**Transaction ID : SB23.I88518**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM CYNTHIA FERRIS

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Category/  
Type**Transaction ID : SB23.I88519**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1526 OF 2173

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<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM WARREN FINK

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	24	/	2016

**Transaction ID : SB23.I88520**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM GERARD FISCHER

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	24	/	2016

**Transaction ID : SB23.I88521**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM ANN FISHER

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	24	/	2016

**Transaction ID : SB23.I88522**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1527 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM GERALD M FISHER

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88523**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM BARRY FITCH

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88524**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JILL FITZGERALD

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88525**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1528 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM MARSHALL FLAM

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type

Transaction ID : SB23.I88526

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JOHN FLANAGAN

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type

Transaction ID : SB23.I88527

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JUDY FLATT

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type

Transaction ID : SB23.I88528

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1529 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JAYNE FLEMING

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
TypeTransaction ID : **SB23.I88529**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM HAROLD & BEVERLY FLETCHER

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
TypeTransaction ID : **SB23.I88530**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JOY FLETCHER

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
TypeTransaction ID : **SB23.I88531**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1530 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM ANTONIA FLORES

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88532**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM DORIS FLYNN

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88533**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM GENE FLYNN

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88534**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1531 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM CHARLENE FOLEY

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I88535**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM MARK FOLSOM

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I88536**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM AUBREY FONES

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I88537**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1532 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM CORKY FORBES

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Category/  
Type**Transaction ID : SB23.I88538**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM DORIS FORD

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Category/  
Type**Transaction ID : SB23.I88539**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM SCOTT FOSTER

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Category/  
Type**Transaction ID : SB23.I88540**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1533 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM WILLIAM FOSTER

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88541**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM HAROLD FOTSCH

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88542**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM GENEVIEVE FOURNIER

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88543**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1534 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM PATRICIA FRANCIS

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88544**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM PAULA FRANK

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88545**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM RONALD FRANKE

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88546**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1535 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM DEAN FRANKIEWICZ

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I88547**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM DONALD C. FRANZ

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I88548**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM GREGORY FREE

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I88549**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM BERNARD FREEDLANDER

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I88550**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM RICH FREEL

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I88551**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JOSEPH FREEMAN

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I88552**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1537 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM LEE FREEMAN

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I88553**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM BRUCE FRESHLEY

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I88554**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM THOMAS FRETWELL

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I88555**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1538 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM POLLY FREUND

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88556**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM FLORA FRITZ

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88557**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM KURT FROMKNECHT

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88558**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1539 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM CHRISTINE FUEHRER

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I88559**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM RON FULLER

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I88560**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM SUSAN FULLER

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I88561**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1540 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JOHN W. FUST, JR.

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88562**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JACK GAITHER

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88563**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM DARLENE GAKOVICH

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88564**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM BARBARA GALLAGHER

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type

Transaction ID : SB23.I88565

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM DODIE GALLAGHER

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type

Transaction ID : SB23.I88566

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM ROBIN GALLAGHER

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type

Transaction ID : SB23.I88567

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1542 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM ROBERT GARBISCH

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88568**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM BERNARD GARCARZ

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88569**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM BETTIE GARDNER

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88570**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1543 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM LYNNE GARIEPY

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I88571**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM BILL GARNER

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I88572**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM PAUL GARRETT

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I88573**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1544 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM MARK GARVER

Candidate Name

**DONALD J. TRUMP**

Office Sought:	House
	Senate
<input checked="" type="checkbox"/>	President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I88574**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JAMES GARVIN

Candidate Name

**DONALD J. TRUMP**

Office Sought:	House
	Senate
<input checked="" type="checkbox"/>	President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I88575**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM KENTON GAST

Candidate Name

**DONALD J. TRUMP**

Office Sought:	House
	Senate
<input checked="" type="checkbox"/>	President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I88576**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1545 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM RALPH GASTIABURO

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I88577**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM ANNIE GAUCI

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I88578**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JOYCE GAWRONSKI

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I88579**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1546 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM ROBERT GEAN

Candidate Name

**DONALD J. TRUMP**Office Sought: ☐ House  
☐ Senate  
☒ President  
State: District:Disbursement For: 2016  
☐ Primary ☒ General  
☐ Other (specify) ▼Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

**Transaction ID : SB23.I88580**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM DEBRA J. GEESNER

Candidate Name

**DONALD J. TRUMP**Office Sought: ☐ House  
☐ Senate  
☒ President  
State: District:Disbursement For: 2016  
☐ Primary ☒ General  
☐ Other (specify) ▼Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

**Transaction ID : SB23.I88581**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JEANNE D. GHAREEB

Candidate Name

**DONALD J. TRUMP**Office Sought: ☐ House  
☐ Senate  
☒ President  
State: District:Disbursement For: 2016  
☐ Primary ☒ General  
☐ Other (specify) ▼Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

**Transaction ID : SB23.I88582**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1547 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM NICK GIAMPA

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I88583**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM ANDREA GIBBONS

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I88584**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM OLIVEF GIBSON

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I88585**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1548 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM RICHARD S GIERULSKI

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I88586**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM DON GILL

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I88587**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM THOMAS GILLILAND

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I88588**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1549 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM KEITH GILLMORE

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type

Transaction ID : SB23.I88589

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM SANDY GILLUM

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type

Transaction ID : SB23.I88590

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JOSEPH GIOIA

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type

Transaction ID : SB23.I88591

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1550 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM PETER GLENN

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88592**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM CHARLES F. GLIDDEN

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88593**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM BONNIE GLOTH

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88594**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1551 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JAN GOFORTH

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88595**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM OTILIA GOLD

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88596**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM ALLAN GOLDSTONE

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88597**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1552 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM SCOTT GOODRICH

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

**Transaction ID : SB23.I88598**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM DANIEL GORDON

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

**Transaction ID : SB23.I88599**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JOHN GORDON

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

**Transaction ID : SB23.I88600**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1553 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JOHN GORMAN

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type

Transaction ID : SB23.I88601

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM GLENN GORNIK

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type

Transaction ID : SB23.I88602

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM ANTHONY GOWANS

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type

Transaction ID : SB23.I88603

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1554 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM RICHARD GOWINS

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

**Transaction ID : SB23.I88604**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM DOROTHY C GRANT

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

**Transaction ID : SB23.I88605**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM LARRY GRANT

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

**Transaction ID : SB23.I88606**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1555 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM RAMONA GRANT

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type

Transaction ID : SB23.I88607

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM BILL GREENE

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type

Transaction ID : SB23.I88608

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM WINSTON GREENE

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type

Transaction ID : SB23.I88609

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM KENT GREENLEE

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88610**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM NANCY GREENLEY

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88611**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM CHRISTIE GREENWADE

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88612**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1557 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM WALTER GREGORY

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88613**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM DIANE GRENTZER

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88614**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM FRANK GRIER

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88615**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1558 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JAMES GRIFFIN

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88616**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM BETTY ANNE GRILLO

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88617**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JOSEPH A GRILLO SR.

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88618**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1559 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM IRWIN GROSS

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I88619**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM WES GROSS

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I88620**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM DOUGLAS GROSWALD

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I88621**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM RICH GROVE

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

**Transaction ID : SB23.I88622**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM RENEE GUCCIARDO

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

**Transaction ID : SB23.I88623**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM NICOLAS GUERBO

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

**Transaction ID : SB23.I88624**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1561 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM EDWARD GUURLINGER

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88625**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM MIKE GUNTER

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88626**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JOE GUZZARDI

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88627**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM GUSTAV E GYLLENHOFF

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I88628**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM RONALD HABEGGER

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I88629**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM DAVE HAEHNLE

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I88630**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM BRENDA HAGEN

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Category/  
Type**Transaction ID : SB23.I88631**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JACQUELYN HAHN

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Category/  
Type**Transaction ID : SB23.I88632**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM DONA HAIRE

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Category/  
Type**Transaction ID : SB23.I88633**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM MANFRED HAISSIG

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88634**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM GEORGE HALLENBECK

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88635**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM EDWARD R HALLETT

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88636**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM SHERRY HALSTED

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88637**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM RAMONA HAMILTON

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88638**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM TYRRELL HAMLIN

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88639**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM TERRI HAMMERSTROM

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88640**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JAMES HANKLA

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88641**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM HAROLD HANLEY

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88642**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM REBECCA HANNA

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

**Transaction ID : SB23.I88643**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM KEITH HANNAY

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

**Transaction ID : SB23.I88644**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM CAMILLE HANSEN

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

**Transaction ID : SB23.I88645**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM THOMAS HANSEN

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88646**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM MARK HARDEMAN

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88647**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM ELIZABETH HARDWICK

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88648**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM ROBERT HARDY

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88649**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM LESLIE HARPER

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88650**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM MALCOLM HARPER

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88651**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM TED C. HARPER

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	24	/	2016

**Transaction ID : SB23.I88652**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM SAMUEL HARRIS

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	24	/	2016

**Transaction ID : SB23.I88653**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JACK HARSHBARGER

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	24	/	2016

**Transaction ID : SB23.I88654**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1571 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM LAVERNE HART

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88655**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM LOUIS HARTFIEL

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88656**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM LINDA HARTLEY

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88657**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1572 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM ROSEMARIE HARTMAN

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88658**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM BRETT HARVEY

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88659**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM MARY HARVEY

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88660**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

15.00
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1573 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM LISA HATZINGER

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I88661**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM LAVON HAUSER

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I88662**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JAMES HAYES

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I88663**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1574 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM RICHARD HEATON

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88664**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM THOMAS HEDGE

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88665**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JILL HEFT

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88666**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM INGEBORG HEIDECKER

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88667**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM HAROLD D HEIN

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88668**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM PAUL HELM

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88669**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1576 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM STEPHANIE HELMINK

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I88670**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM GEORGE HELVEY

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I88671**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM MARYGRACE HENRY

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I88672**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1577 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM BRENDA HENSS

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

**Transaction ID : SB23.I88673**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM KELLY HEPBURN

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

**Transaction ID : SB23.I88674**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JACQUELINE HERMAN

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

**Transaction ID : SB23.I88675**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1578 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JIMMY HERNANDEZ

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88676**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM CHERYL HEROLD

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88677**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JOSEPH HERR

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88678**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1579 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JENNY LIND HERRICK

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

**Transaction ID : SB23.I88679**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM REBEKAH HERRMANN

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

**Transaction ID : SB23.I88680**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM CAROL HERSHE

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

**Transaction ID : SB23.I88681**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1580 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM DONALD ALAN HERSHEY

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88682**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JOYCE HERZOG

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88683**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM CAROL ANN HESS

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88684**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1581 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM STEVEN HEVENSTONE

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88685**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JOE HICK

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88686**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM RANDALL HIGGINS

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88687**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1582 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM TOM HIGGS

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I88688**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM LINDA HIGHTOWER

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I88689**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM MYRON HILBERT

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I88690**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1583 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM TIM HIMES

Candidate Name

**DONALD J. TRUMP**

Office Sought:	House
	Senate
<input checked="" type="checkbox"/>	President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I88691**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JOAN P HINDMARSH

Candidate Name

**DONALD J. TRUMP**

Office Sought:	House
	Senate
<input checked="" type="checkbox"/>	President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I88692**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM THOMAS HIRD

Candidate Name

**DONALD J. TRUMP**

Office Sought:	House
	Senate
<input checked="" type="checkbox"/>	President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I88693**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1584 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM EILEEN HITE

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88694**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM RICHARD HIVELY

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88695**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM TIMOTHY HOFFMAN

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88696**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1585 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM BOB HOGGARD

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I88697**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JOSEPH HOLLAND

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I88698**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM MARSHALL HOLLOWAY

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I88699**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM EDWARD HOLZWARTH

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I88700**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM MARY HOOGERF

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I88701**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM PERRY HOPE

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I88702**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM LORETTA HOPKINS

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88703**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM SUSAN HOPPER

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88704**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM MIKE HORAN

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88705**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1588 OF 2173

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<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM CLIFFORD HORNBY

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88706**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM DONNA HORVATIS

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88707**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM CAROL HOUNSHELL

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88708**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM BILLY HOUSE

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

**Transaction ID : SB23.I88709**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM GARRY HOWARD

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

**Transaction ID : SB23.I88710**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM GARY HOWARD

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

**Transaction ID : SB23.I88711**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM LOUIS HRONEK

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	24	/	2016

**Transaction ID : SB23.I88712**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JENNIFER HUGHES

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	24	/	2016

**Transaction ID : SB23.I88713**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM SALLY HUGHES

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	24	/	2016

**Transaction ID : SB23.I88714**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM SUZANNE HUGHRD

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I88715**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM GREG HULETT

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I88716**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JANICE HULLENDER

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I88717**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM KAREN HUNT

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	24	/	2016

**Transaction ID : SB23.I88718**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM GRETCHEN HURNI

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	24	/	2016

**Transaction ID : SB23.I88719**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JAMES HUSTON

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	24	/	2016

**Transaction ID : SB23.I88720**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM BARRY HYMEL

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88721**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM MARY IACOVO

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88722**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM SHERYL IANNONE

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88723**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1594 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JOE IEZZI

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88724**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JENNIFER INDERMAUR

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88725**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM RANDY INGLE

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88726**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1595 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM CHRIS IRELAND

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88727**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM MARIA IRIZARRY

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88728**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM GEORGE ISAAK

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88729**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1596 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM ISAAK ITKIS

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	24	/	2016

**Transaction ID : SB23.I88730**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM PRUDENCE IVENS

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	24	/	2016

**Transaction ID : SB23.I88731**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM ANN C IVERSON

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	24	/	2016

**Transaction ID : SB23.I88732**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM GROVER JACKSON

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88733**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM RICK JACKSON

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88734**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM RNADY JACKSON

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88735**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1598 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM SHARON JACKSON

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88736**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM CURTIS JAGO

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88737**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM ESTELLA JAMES

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88738**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1599 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM NILE JAMES

Candidate Name

**DONALD J. TRUMP**

Office Sought:	House
	Senate
<input checked="" type="checkbox"/>	President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I88739**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM H.PETER JANDER

Candidate Name

**DONALD J. TRUMP**

Office Sought:	House
	Senate
<input checked="" type="checkbox"/>	President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I88740**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM WALTER JANITZ

Candidate Name

**DONALD J. TRUMP**

Office Sought:	House
	Senate
<input checked="" type="checkbox"/>	President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I88741**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1600 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM BILLY JEFFREY

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88742**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JO JENNINGS

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88743**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM HERBERT JESSEN

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88744**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1601 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM DENNIS JOHANSON

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88745**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JOE JOHNS

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88746**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM ANN L. JOHNSON

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88747**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1602 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JOYCE H JOHNSON

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I88748**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM KATHLEEN JOHNSON

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I88749**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM LYNN R JOHNSON

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I88750**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1603 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM MELVYN JOHNSON

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88751**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM MIKE JOHNSON

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88752**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM MYRRA JOHNSON

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88753**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1604 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM WILLIAM C JOHNSON

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88754**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM HARRISON JOHNSTON

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88755**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JULIE JOHNSTON

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88756**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1605 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM CHRISTOPHER JONES

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	24	/	2016

**Transaction ID : SB23.I88757**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM EDWARD JONES

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	24	/	2016

**Transaction ID : SB23.I88758**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JOANN JONES

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	24	/	2016

**Transaction ID : SB23.I88759**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1606 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM KAY JONES

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
TypeTransaction ID : **SB23.I88760**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM MICHELLE JONES

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
TypeTransaction ID : **SB23.I88761**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM CARL JORDAN

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
TypeTransaction ID : **SB23.I88762**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1607 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM LAWRENCE JORDAN

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I88763**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM RICHARD JORDAN

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I88764**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM STEPHEN JUNG

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I88765**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1608 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JIM JURADO

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88766**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM MEG KACHELRIESS

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88767**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM CARL KARLSSON

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88768**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1609 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JACK KASLLY

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88769**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM WILLIAM KATZ

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88770**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM ELEANOR KAUFMAN

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88771**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1610 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM VERNAL KAY

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	24	/	2016

**Transaction ID : SB23.I88772**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM STEPHEN KEARNEY

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	24	/	2016

**Transaction ID : SB23.I88773**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM FLOYD KEINATH

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	24	/	2016

**Transaction ID : SB23.I88774**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1611 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM LARRY KELLERHOUSE

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I88775**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM PATRICK KELLEY

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I88776**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM ANDREA KELLIS

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I88777**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

15.00
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**TOTAL** This Period (last page this line number only)..... ►

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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1612 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM ELIZABETH KELLY

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88778**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JACK KELLY

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88779**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JOHNNY KELM

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88780**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1613 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM KENT KEMMERER

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88781**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM MARILYN KEMP

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88782**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM DARL KEMPER

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88783**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1614 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM ALAN KENDRICK

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88784**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM ROMA J. KENDRICK

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88785**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM KEVIN KENNEDY

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88786**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1615 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM NANCY KENNEY

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88787**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM PAT KENT

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88788**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM KAY KERRIGAN

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88789**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1616 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM PAUL KESSLER

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88790**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JOHN KHOURI

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88791**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM NINA KIDD

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88792**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1617 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JOHN KILLINGSWORTH

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88793**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JAMES E. KING

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88794**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM WILLIAM KING

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88795**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1618 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JAMES KLEINFELDER

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88796**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM RICK KLEINHANS

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88797**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM ANGELA KLEMAN

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88798**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1619 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM CARTER KLINE

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88799**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM LEE KLINGENSMITH

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88800**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM PAUL KLUVER

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88801**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1620 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM LARRY KNAPP

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88802**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM PAULA KNAPP

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88803**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM ROLAND KNAPTON

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88804**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1621 OF 2173

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<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM ROBERT KNIGHT

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	24	/	2016

**Transaction ID : SB23.I88805**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM DR. CALVIN H KNOWLTON

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	24	/	2016

**Transaction ID : SB23.I88806**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM CHARLOTTE J. KOLZOW

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	24	/	2016

**Transaction ID : SB23.I88807**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1622 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM SUSAN KOMEN

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

**Transaction ID : SB23.I88808**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM DONALD KOPINSKI

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

**Transaction ID : SB23.I88809**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM STEVEN KOWALKE

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

**Transaction ID : SB23.I88810**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1623 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM RONALD KOZARITS

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88811**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM KENNETH KOZORO

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88812**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM ROBERT KRAMER

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88813**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1624 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM FLORENCE KRATER

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88814**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JOHN KROTT

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88815**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM LEE KRUEGER

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88816**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1625 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM EDWARD KUEBLER

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88817**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM MIKE KULI

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88818**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM MELANIE KUTZ

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88819**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1626 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM ERNEST LAFLURE

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

**Transaction ID : SB23.I88820**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM KRIS LANDGREN

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

**Transaction ID : SB23.I88821**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM CAROLYN LANDY

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

**Transaction ID : SB23.I88822**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1627 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JOHN E LANGHALS

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88823**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM PHILLIP LANGHALS

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88824**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM NANCY LANGHORST

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88825**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1628 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM STEPHEN LANGOWSKI

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88826**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM G. A. LANGUIT

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88827**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM RONALD LANKFORD

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88828**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1629 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM ROGER LAO

Candidate Name

**DONALD J. TRUMP**Office Sought: ☐ House  
☐ Senate  
☒ President  
State: District:Disbursement For: 2016  
☐ Primary ☒ General  
☐ Other (specify) ▼Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

**Transaction ID : SB23.I88829**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM SANDRA LAPADOT

Candidate Name

**DONALD J. TRUMP**Office Sought: ☐ House  
☐ Senate  
☒ President  
State: District:Disbursement For: 2016  
☐ Primary ☒ General  
☐ Other (specify) ▼Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

**Transaction ID : SB23.I88830**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JOANNE LAPORTE

Candidate Name

**DONALD J. TRUMP**Office Sought: ☐ House  
☐ Senate  
☒ President  
State: District:Disbursement For: 2016  
☐ Primary ☒ General  
☐ Other (specify) ▼Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

**Transaction ID : SB23.I88831**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1630 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JANINE LARGENT

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I88832**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JEFFERY LARKIN

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I88833**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM VINCE LAROSA

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I88834**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1631 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM ANNE LARSON

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88835**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM HOWARD LARSON

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88836**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JOHN LATTER

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88837**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1632 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM LARRY LAUDIG

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

**Transaction ID : SB23.I88838**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM KENNETH LAVELLE

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

**Transaction ID : SB23.I88839**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JOHN LAVERTY

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

**Transaction ID : SB23.I88840**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1633 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JOHN LAWLOR

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

**Transaction ID : SB23.I88841**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM MARKLE LAWS

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

**Transaction ID : SB23.I88842**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM KEITH LAZAN

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

**Transaction ID : SB23.I88843**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1634 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM PETER LEAL

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

**Transaction ID : SB23.I88844**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM DAN LECLERC

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

**Transaction ID : SB23.I88845**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM BOBBY LEE

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

**Transaction ID : SB23.I88846**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM GARY LEE

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I88847**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM KENNETH LEE

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I88848**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM RICHARD LEE

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I88849**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM SANDRA LEE

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	24	/	2016

**Transaction ID : SB23.I88850**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JOHN LEHMAN

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	24	/	2016

**Transaction ID : SB23.I88851**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM PATRICIA LEMM

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	24	/	2016

**Transaction ID : SB23.I88852**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1637 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM ABRAHAM LESL

Candidate Name

**DONALD J. TRUMP**

Office Sought:	House
	Senate
<input checked="" type="checkbox"/>	President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I88853**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM ASHLEY WELLS LEWIS

Candidate Name

**DONALD J. TRUMP**

Office Sought:	House
	Senate
<input checked="" type="checkbox"/>	President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I88854**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM CHRISTOPHER LEWIS

Candidate Name

**DONALD J. TRUMP**

Office Sought:	House
	Senate
<input checked="" type="checkbox"/>	President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I88855**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1638 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM WILLIAM LEWIS

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type

Transaction ID : SB23.I88856

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM WILLIAM R LEWIS

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type

Transaction ID : SB23.I88857

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM GARY LIMING

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type

Transaction ID : SB23.I88858

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1639 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM ANNE LINDSEY

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

**Transaction ID : SB23.I88859**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM LOURDES LIONG

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

**Transaction ID : SB23.I88860**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM EDWIN LIPSITZ

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

**Transaction ID : SB23.I88861**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1640 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM STEPHEN LLOYD

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type

Transaction ID : SB23.I88862

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM KRISTIE LOFTIS

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type

Transaction ID : SB23.I88863

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM SYLVIA LONG

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type

Transaction ID : SB23.I88864

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1641 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JOHN LOPEZ

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88865**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JOSE LOPEZ

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88866**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM MANUEL LOPEZ

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88867**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1642 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JAMES LOVELLE

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88868**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM CHRISTINE LOWE

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88869**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM CREOLA LOYD

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88870**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1643 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM DONNA FRENCH LUCAS

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88871**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM MILDRED LUCAS

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88872**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM PAUL LUCIER

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88873**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1644 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM LARRY LUEBCKE

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I88874**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JENNIFER LUNDGREN

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I88875**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM G LYBECK

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I88876**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1645 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM TONIA LYNCH

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I88877**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM HOWARD LYSNE

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I88878**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JEANNE MACINTYRE

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I88879**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1646 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JAMES C. MAGESTRO

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I88880**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JOHN MAGUHN

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I88881**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM PETER MAGYAR

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I88882**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1647 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM MARK MAHER

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type

Transaction ID : SB23.I88883

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM MARY MAHONEY

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type

Transaction ID : SB23.I88884

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JERRY MAINS

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type

Transaction ID : SB23.I88885

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1648 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM BOB MAIS

Candidate Name

**DONALD J. TRUMP**

Office Sought:	House
	Senate
<input checked="" type="checkbox"/>	President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

**Transaction ID : SB23.I88886**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM SANDRA MALLIN

Candidate Name

**DONALD J. TRUMP**

Office Sought:	House
	Senate
<input checked="" type="checkbox"/>	President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

**Transaction ID : SB23.I88887**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JOHN MANN

Candidate Name

**DONALD J. TRUMP**

Office Sought:	House
	Senate
<input checked="" type="checkbox"/>	President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

**Transaction ID : SB23.I88888**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1649 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM CAROLYN MARAUGHA

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Transaction ID : SB23.I88889

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM WILLIAM MARBLE

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Transaction ID : SB23.I88890

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JILL MARCACCI

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Transaction ID : SB23.I88891

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1650 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM MANNY MARCEL

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

**Transaction ID : SB23.I88892**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM CHRISTINE MARCH

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

**Transaction ID : SB23.I88893**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM THOMAS D. MARCUM

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

**Transaction ID : SB23.I88894**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1651 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM FRANK MARESH

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

**Transaction ID : SB23.I88895**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JOANNE MARKEY

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

**Transaction ID : SB23.I88896**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM KAREN MARSACK

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

**Transaction ID : SB23.I88897**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1652 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM ROBERT MARSDEN

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88898**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM CHARLES MARSH

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88899**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM EDWARD MARSH

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88900**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1653 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM RONNIE. MARSH

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88901**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM DINO MARTIN

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88902**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM RICHARD MARTIN

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88903**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1654 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM SHIRLEY MARTIN

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88904**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM CAROLE MARTINEZ

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88905**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM FRANCES MARTINI

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88906**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1655 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM ROBERT MARTINO

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88907**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM GARY MARVIN

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88908**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM NANCY MASI

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88909**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1656 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM ANDREW MATEOS

Candidate Name

**DONALD J. TRUMP**

Office Sought:	House
	Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

**Transaction ID : SB23.I88910**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM LARRY MATHENY

Candidate Name

**DONALD J. TRUMP**

Office Sought:	House
	Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

**Transaction ID : SB23.I88911**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM MARJORIE MATHISEN

Candidate Name

**DONALD J. TRUMP**

Office Sought:	House
	Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

**Transaction ID : SB23.I88912**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1657 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM CHESTER MATLOSZ

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

**Transaction ID : SB23.I88913**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM ELAYNE MATTAR

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

**Transaction ID : SB23.I88914**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM GARY MATTHEWS

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

**Transaction ID : SB23.I88915**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JANICE MATTURRO

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I88916**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM HUEY MAYFIELD

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I88917**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM ROBERT AND GRETCHEN MAYNE

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I88918**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1659 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM DOROTHY MAZEJY

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I88919**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM WILLIAM MCALLISTER

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I88920**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM KAREN MCARDLE

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I88921**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1660 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM REGINA MCBRIDE

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88922**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM DAVID MCCARTHY

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88923**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM TOM MCCARTIN

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88924**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1661 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM DOUGLAS MCCAULEY

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88925**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM GERALINE MCCHESENE

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88926**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM FRANK MCCORMICK

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88927**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1662 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM RALPH MCCURDY

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88928**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM SCOTT MCDANIEL

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88929**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM LOIS MCDEVITT

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88930**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1663 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM DOROTHY MC DONALD

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I88931**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM EDWIN MC DONALD

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I88932**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM ELIZENA MCELWAIN

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I88933**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1664 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM ROSE MARIE MCGILL

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I88934**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM SARA MCGIVAREN

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I88935**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM TIMOTHY MCGUIRE

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I88936**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1665 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JAMES MCHENRY

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88937**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM CINDI MCINTOSH

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88938**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM SANDRA MCINTOSH

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88939**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1666 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM ROBERT MCJILTON

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88940**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JAY MCKEE

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88941**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM CHRISTIE MCKINNEY

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88942**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1667 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM DEBRA MCKINNEY

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88943**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM CHARLOTTE F. MCLAUGHLIN

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88944**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM DEBORAH MCLAUGHLIN

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88945**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1668 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM MARY MCMICKLE

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88946**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM MICHAEL MCMUNN, DDS

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88947**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM CYNTHIA MCPHERSON

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88948**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1669 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM DESIREE MCPHERSON

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88949**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JAMES MCQUAIDE

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88950**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM MILTON MCWILLIAMS

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88951**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM RONALD MCWILLIAMS

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	24	/	2016

**Transaction ID : SB23.I88952**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM KARIN MEAD

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	24	/	2016

**Transaction ID : SB23.I88953**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM HENRY MEANS

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	24	/	2016

**Transaction ID : SB23.I88954**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1671 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM CARLOS MEDICA

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88955**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JOHN MENART

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88956**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM TINA MENTIS

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88957**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM PAUL MERLIN

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

**Transaction ID : SB23.I88958**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM ROBERT MERULLA

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

**Transaction ID : SB23.I88959**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM THOMAS METZGER

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

**Transaction ID : SB23.I88960**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM M.FREDERICK METZLER JR.

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I88961**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM RAOUF MIKHAIL

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I88962**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM CAROLYN MILLER

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I88963**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1674 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM DAVID MILLER

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88964**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM TONI MILSTEAD

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88965**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM RUSSELL MIMS

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88966**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM ARTHUR MINASSIAN

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I88967**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM GEORGIANNA MINISCALCO

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I88968**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM THOMAS R MISTRETTA

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I88969**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM NANCY MITCHELL

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

**Transaction ID : SB23.I88970**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM RAYMOND MOFFETT

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

**Transaction ID : SB23.I88971**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM SHARI MOHRING

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

**Transaction ID : SB23.I88972**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1677 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM COLLEEN MOLEKAMP

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88973**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM J. ERNESTO MOLINA

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88974**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JOHN MONSON

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88975**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1678 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM DENMAN MOODY

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I88976**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM RUTH MOODY

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I88977**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM MARVIN MOORE

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I88978**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1679 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM NANCY MOORE

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type

Transaction ID : SB23.I88979

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JOSE MORALES

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type

Transaction ID : SB23.I88980

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM TERRY MORBACH

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type

Transaction ID : SB23.I88981

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1680 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM MARY MORELLY

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88982**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM WAYNE MORGAN

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88983**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JACK MORIARTY

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88984**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1681 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM FRED MORISAKI

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I88985**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM DONNA MORRIS

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I88986**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM KARON MORRISON

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I88987**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1682 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM WARREN MORRISON

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88988**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM LARRY MOSHER

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88989**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM PAUL MOSSER

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88990**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1683 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM EVENCIO MOYA

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I88991**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM KEVIN MURPHY

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I88992**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM PAUL J MURPHY

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I88993**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1684 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM ROBERT MURPHY

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88994**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM WYMAN MURPHY

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88995**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JACQUELINE MURRAY

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88996**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1685 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM CAROL MUSSELWHITE

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88997**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM MARC MUSSI

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88998**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM RONALD MYER

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I88999**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1686 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JOSEPH MYERS

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89000**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM KAREN MYERS

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89001**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JEAN NAECKER

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89002**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1687 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM CHRISTINA NAGORSKI

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I89003**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM SHERWOOD NANCE

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I89004**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM GLENN NAPIERSKIE

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I89005**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM WILLIAM NASH

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89006**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JOANNE NAUJOKAS

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89007**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM ARTHUR NAVARRO

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89008**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1689 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM LAWRENCE NEAD

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type

Transaction ID : SB23.I89009

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM DEANN NELSON

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type

Transaction ID : SB23.I89010

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JOHN NELSON

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type

Transaction ID : SB23.I89011

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1690 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM BRIAN NETTIFEE

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89012**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM RICK NEUDORFF

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89013**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM NEIL NEUMANN

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89014**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM LARRY NEWLON

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I89015**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM RENATE NEWMAN

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I89016**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM DONNA NEYLON

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I89017**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1692 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM VAN NGUYEN

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89018**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JAMES NICHOLS

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89019**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM LAURA NICHOLSON

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89020**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1693 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM SAMUEL NICKOLS

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I89021**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM HELEN NICOLA

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I89022**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM KEITH J NIELSEN

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I89023**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM KEITH NOLL

Candidate Name

**DONALD J. TRUMP**

Office Sought:	House
	Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	24	/	2016

**Transaction ID : SB23.I89024**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM WENDELL NORRIS

Candidate Name

**DONALD J. TRUMP**

Office Sought:	House
	Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	24	/	2016

**Transaction ID : SB23.I89025**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM DOUGLAS NORTH

Candidate Name

**DONALD J. TRUMP**

Office Sought:	House
	Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	24	/	2016

**Transaction ID : SB23.I89026**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1695 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JUDITH NOWAK

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89027**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM CAROLYN NUNES

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89028**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM CAREY NUYEN

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89029**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JACK OAKES

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I89030**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM CHRIS OBRIEN

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I89031**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM MARTIN OBRIEN

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I89032**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM DALE OGDEN

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type

Transaction ID : SB23.I89033

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM MARIE OLIVEIRA

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type

Transaction ID : SB23.I89034

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM FRANK OMLOR

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type

Transaction ID : SB23.I89035

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM PEDRO ORTIZ

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	24	/	2016

**Transaction ID : SB23.I89036**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM HOWARD OSBORNE

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	24	/	2016

**Transaction ID : SB23.I89037**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM CLARE OSHAUGHNESSY

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	24	/	2016

**Transaction ID : SB23.I89038**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1699 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM MICHELLE OUELLET

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I89039**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM KATHY OWEN

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I89040**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM PERRY OZBURN

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I89041**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1700 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM RAYMOND PAGANO

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

**Transaction ID : SB23.I89042**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM MARYJEAN PAGNONI

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

**Transaction ID : SB23.I89043**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM ROBERT PARET

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

**Transaction ID : SB23.I89044**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1701 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM BARBARA PARK

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type

Transaction ID : SB23.I89045

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM RICHARD PARKER

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type

Transaction ID : SB23.I89046

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM NANCE PARRIOTT

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type

Transaction ID : SB23.I89047

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1702 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM PATRICIA PASTELYAK

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I89048**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM ROBERT PASTOR

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I89049**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM EDWARD PATTERSON

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I89050**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1703 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM MARY L PATTERSON

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89051**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM WAYNE PATTON

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89052**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM CLIFFORD PAUL

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89053**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1704 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM CAROL PAULIN

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type

Transaction ID : SB23.I89054

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM NORMAN PAWLEWSKI

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type

Transaction ID : SB23.I89055

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM GEORGE PEABODY

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type

Transaction ID : SB23.I89056

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1705 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JAMES PEARCE

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

**Transaction ID : SB23.I89057**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM DAVID PEARSON

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

**Transaction ID : SB23.I89058**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM MARY PECCI

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

**Transaction ID : SB23.I89059**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1706 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM PHILLIP PECK

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
TypeTransaction ID : **SB23.I89060**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM STEVE PEET

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
TypeTransaction ID : **SB23.I89061**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM MICHAEL PELLEGRINO

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
TypeTransaction ID : **SB23.I89062**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1707 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM RAYMOND PENDLETON

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89063**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JOSEPH PERNYESZI

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89064**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM KATHY PERRIZO

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89065**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1708 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JOANNE PERRY

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type

Transaction ID : SB23.I89066

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM LEONARD R PERRY

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type

Transaction ID : SB23.I89067

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM LEE&PHYLLIS PETERS

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type

Transaction ID : SB23.I89068

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1709 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM CHRISTOPHER PETERSEN

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Transaction ID : SB23.I89069

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JOHN PETERSON

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Transaction ID : SB23.I89070

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM CLAY PETROFF

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Transaction ID : SB23.I89071

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1710 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM EVELYN PETTY

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	24	/	2016

**Transaction ID : SB23.I89072**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM ROBERT PETTY

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	24	/	2016

**Transaction ID : SB23.I89073**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JACK PEZZANO

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	24	/	2016

**Transaction ID : SB23.I89074**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM DIETER PFISTERER

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89075**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JUNE PHILLIPS

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89076**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JAMES PIERCE

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89077**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JACK PIERSON

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I89078**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM ROBERT PIKE

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I89079**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM GIDEON PILAR

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I89080**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM MARGARET PILGRIM

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89081**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM VIATEUR PILON

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89082**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM MARJORIE PIPPIN

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89083**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM RANDY PITTS

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89084**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JOHN PIZZO

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89085**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM RONNIE PLANZ

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89086**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1715 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM IVAN POLSON

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

**Transaction ID : SB23.I89087**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM LAVERN POPPE

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

**Transaction ID : SB23.I89088**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JERRY PORTER

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

**Transaction ID : SB23.I89089**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1716 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM NEIL PORTER

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

**Transaction ID : SB23.I89090**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM RALPH PORTER

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

**Transaction ID : SB23.I89091**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM RONALD POSSELL

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

**Transaction ID : SB23.I89092**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1717 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM ANGELINE H POST

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	24	/	2016

**Transaction ID : SB23.I89093**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM FRED L POWELL

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	24	/	2016

**Transaction ID : SB23.I89094**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM GARY POWELL

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	24	/	2016

**Transaction ID : SB23.I89095**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1718 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM STEPHANIE POWELL

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President  
 State: District:

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼
Category/  
Type**Transaction ID : SB23.I89096**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM DONALD PRATT

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President  
 State: District:

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼
Category/  
Type**Transaction ID : SB23.I89097**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM KENNALEA PRATT

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President  
 State: District:

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼
Category/  
Type**Transaction ID : SB23.I89098**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1719 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM WILLIAM PRATT

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89099**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM SUSAN PRATTQ

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89100**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JAY PRENTICE

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89101**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1720 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM THOMAS PRICE

Candidate Name

**DONALD J. TRUMP**

Office Sought:	House
	Senate
<input checked="" type="checkbox"/>	President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I89102**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM RONALD PRINZING

Candidate Name

**DONALD J. TRUMP**

Office Sought:	House
	Senate
<input checked="" type="checkbox"/>	President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I89103**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JOHN PROCIDANO

Candidate Name

**DONALD J. TRUMP**

Office Sought:	House
	Senate
<input checked="" type="checkbox"/>	President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I89104**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1721 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM RANDY PROCK

Candidate Name

**DONALD J. TRUMP**

Office Sought:	House
	Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		24		2016

**Transaction ID : SB23.I89105**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JOY PRUETT

Candidate Name

**DONALD J. TRUMP**

Office Sought:	House
	Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		24		2016

**Transaction ID : SB23.I89106**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM ARMSTEAD PRUITT

Candidate Name

**DONALD J. TRUMP**

Office Sought:	House
	Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		24		2016

**Transaction ID : SB23.I89107**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1722 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM GEORGE L PRY

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89108**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM RAY PSONAK

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89109**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM DEBORAH PUCCIO

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89110**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1723 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM WILLIAM PUGH

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	24	/	2016

**Transaction ID : SB23.I89111**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM LAWRENCE PUPA

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	24	/	2016

**Transaction ID : SB23.I89112**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM CHARLES E PYDYCH

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	24	/	2016

**Transaction ID : SB23.I89113**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1724 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM TERRENCE QUINN

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I89114**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM MICHAEL QUINT

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I89115**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM MIKE RAFTER

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I89116**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1725 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM CORAZON RAMIREZ

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89117**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM MICHELLE RAMUS

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89118**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM AJAY RANCHHOD

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89119**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JANITA RATLEY

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89120**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JIM RAY

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89121**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JOYCE RAY

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89122**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1727 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM PAUL RAYMOND

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I89123**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM THOMAS REDDING

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I89124**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM BEVERLY REED

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I89125**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM FRANCIS R. REED

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I89126**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM TIMOTHY REED

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I89127**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM LEROY T. REICHENBERGER

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I89128**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1729 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM ADMIRAL REID

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89129**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM ROBERT REID

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89130**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM PATRICK REILLY

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89131**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1730 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM RON REISTER

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I89132**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM LEONARD RENICK

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I89133**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM PAULA RENO

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I89134**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1731 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM CHRISTAN D RETBERG

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89135**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM CRAIG REYNOLDS

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89136**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM LAWRENCE REYNOLDS

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89137**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1732 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM DAVID RICE

Candidate Name

**DONALD J. TRUMP**

Office Sought:	House
	Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

**Transaction ID : SB23.I89138**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM DALE RICHARDSON

Candidate Name

**DONALD J. TRUMP**

Office Sought:	House
	Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

**Transaction ID : SB23.I89139**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM RUTH RICKENBACHER

Candidate Name

**DONALD J. TRUMP**

Office Sought:	House
	Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

**Transaction ID : SB23.I89140**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1733 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM DIXIE RIDDLE

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

**Transaction ID : SB23.I89141**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM DEBRA RIFKIN

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

**Transaction ID : SB23.I89142**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JIM RIGAMONTI

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

**Transaction ID : SB23.I89143**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1734 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM THOMAS RIME

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	24	/	2016

**Transaction ID : SB23.I89144**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM THMOAS RINER

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	24	/	2016

**Transaction ID : SB23.I89145**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM STANLEY RISK

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	24	/	2016

**Transaction ID : SB23.I89146**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1735 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM RICHARD ROBERTS

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89147**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM CHATLENE  
ROBERTS2@AOL.COM

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89148**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JAMES W ROBINSON

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89149**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1736 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM MERTON ROBINSON

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89150**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM GARY RODENHAUSER

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89151**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM VICKI RODGERS

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89152**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1737 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM DAVID ROEMER

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89153**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM NANCY ROENFELDT

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89154**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM CAROLE ROGERS

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89155**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1738 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JAMES ROGERS

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

**Transaction ID : SB23.I89156**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM KATHLEEN ROGERS

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

**Transaction ID : SB23.I89157**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM VALERIE ROGERS

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

**Transaction ID : SB23.I89158**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1739 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JOHN ROOKUS

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89159**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM LINDA RORKE

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89160**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JEFFREY ROSENBERY

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89161**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1740 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JUDITH ROSS

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89162**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM SILVIA ROTBART

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89163**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM MARY ROUFAL

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89164**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1741 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM DENNIS. S. ROUSSEY

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I89165**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM DANIEL ROUX

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I89166**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM SANDRA ROWE

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I89167**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM FRANK RUDILOSSO

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

**Transaction ID : SB23.I89168**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM WANDA RUFIN

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

**Transaction ID : SB23.I89169**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM VERONICS RUGGIERO

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

**Transaction ID : SB23.I89170**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1743 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM KIRK RUNDLE

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type

Transaction ID : SB23.I89171

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM KATHLEEN A RUSSELL

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type

Transaction ID : SB23.I89172

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM PATRICIA RUSSO

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type

Transaction ID : SB23.I89173

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1744 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM CHERYL RUTLEDGE

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

**Transaction ID : SB23.I89174**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM BRYAN RUUD

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

**Transaction ID : SB23.I89175**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM GARY SADOIAN

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

**Transaction ID : SB23.I89176**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JAMES SAGERHOLM

Candidate Name

**DONALD J. TRUMP**Office Sought: ☐ House  
☐ Senate  
☒ President  
State: District:Disbursement For: 2016  
☐ Primary ☒ General  
☐ Other (specify) ▼Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	24	/	2016

**Transaction ID : SB23.I89177**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JOHN SAINSBURY

Candidate Name

**DONALD J. TRUMP**Office Sought: ☐ House  
☐ Senate  
☒ President  
State: District:Disbursement For: 2016  
☐ Primary ☒ General  
☐ Other (specify) ▼Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	24	/	2016

**Transaction ID : SB23.I89178**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM GEHRIG SALDANA

Candidate Name

**DONALD J. TRUMP**Office Sought: ☐ House  
☐ Senate  
☒ President  
State: District:Disbursement For: 2016  
☐ Primary ☒ General  
☐ Other (specify) ▼Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	24	/	2016

**Transaction ID : SB23.I89179**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM RAQUEL SALIENTES

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	24	/	2016

**Transaction ID : SB23.I89180**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM GEORGE SALISBURY

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	24	/	2016

**Transaction ID : SB23.I89181**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM BARBARA SANCHEZ

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	24	/	2016

**Transaction ID : SB23.I89182**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM MANUEL SANCHEZ

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89183**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM MARIA A SANCHEZ

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89184**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM MARK SANDERFORD

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89185**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1748 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM NICHOLAS SANT FOSTER

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89186**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM SUSAN SANTERRE

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89187**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM KAREN SARGENT

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89188**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1749 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM ANGELO SARNA

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89189**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JAMES SATTER

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89190**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM ANNETTE SATTERFIELD

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89191**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1750 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM CHARLES SATTERTHWAITE

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89192**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM WALLACE SAUNDERS

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89193**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM DONALD SAVAIANO

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89194**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1751 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM ANDREAS SAVVIDOU

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I89195**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM DIANA SCARBROUGH

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I89196**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM SHARON SCHECHTER

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I89197**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM ROBERT SCHIAN

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89198**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM KURT SCHMIDT

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89199**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM FRANK SCHMITZER

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89200**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1753 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM ENID SCHNEIDER

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

**Transaction ID : SB23.I89201**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM GRANT SCHULTZ

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

**Transaction ID : SB23.I89202**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM LETA SCHULZ

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

**Transaction ID : SB23.I89203**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1754 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM CHARLES SCHUMER

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	24	/	2016

**Transaction ID : SB23.I89204**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM MARVIN SCHWARTZENBURG

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	24	/	2016

**Transaction ID : SB23.I89205**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM RON SCOFIELD

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	24	/	2016

**Transaction ID : SB23.I89206**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1755 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM ELIZABETH SCOTT

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type

Transaction ID : SB23.I89207

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JAMES SEBELSKI

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type

Transaction ID : SB23.I89208

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM MARTA SEHNAL

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type

Transaction ID : SB23.I89209

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1756 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM ARLENE SEIDENSPINNER

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I89210**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM PATRICIA SERIO

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I89211**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM BLANDINE SEVIER

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I89212**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM ROBERT SHAFER

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89213**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM SATISH SHAH

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89214**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM IRENE SHARP

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89215**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM DEBRA SHAWVER

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

**Transaction ID : SB23.I89216**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM CHRIS SHAY

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

**Transaction ID : SB23.I89217**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM CAREY SHEA

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

**Transaction ID : SB23.I89218**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM DANIEL SHEA JR.

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I89219**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM PATRICK J SHEEHAN

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I89220**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JUDITH SHINE

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I89221**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM LINDA G SHINN

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

**Transaction ID : SB23.I89222**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM CHERYL SHIPP

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

**Transaction ID : SB23.I89223**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM SUSAN SHOCKLEY

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

**Transaction ID : SB23.I89224**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM DAVID SHOEMAKER

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I89225**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM MARK SHUCK

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I89226**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JOSEPH SICARI

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I89227**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM LINDA SILOWKA

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89228**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM ANTONIO SILVA

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89229**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM GERALD SIMECKA

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89230**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM ALLEN SIMON

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

**Transaction ID : SB23.I89231**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JOHN SIMPSON

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

**Transaction ID : SB23.I89232**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JAMES SINGLETON

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

**Transaction ID : SB23.I89233**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1764 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM DOROTHY SITCLER

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I89234**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JERRY SIZEMORE

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I89235**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM MARTHA SKIPPER

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I89236**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1765 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM CAROL SKOGLUND

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89237**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM NEIL SLATTERY

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89238**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM FRANK SMALL

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89239**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1766 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM BILLIE SMITH

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89240**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM BRUCE SMITH

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89241**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM CURTIS SMITH

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89242**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1767 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM FRANK SMITH

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

**Transaction ID : SB23.I89243**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JAMES SMITH

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

**Transaction ID : SB23.I89244**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM KAYE E SMITH

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

**Transaction ID : SB23.I89245**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1768 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM PRESTON SMITH

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

**Transaction ID : SB23.I89246**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM ROBERT SMITH

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

**Transaction ID : SB23.I89247**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM ROBERT SMITH

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

**Transaction ID : SB23.I89248**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1769 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM ROBERT SMITH

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89249**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM ROSALIE SMITH

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89250**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM SCOTT SMITH

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89251**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1770 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM TARA SMITH

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89252**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM DONALD SMYCZYNSKI

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89253**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM KRISTENE SNAKARD

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89254**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1771 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JOSEPH SNIDER

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I89255**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM BETTY SNIPES

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I89256**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JOHN SOBCHAK

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I89257**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1772 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM BARBARA SOLETA

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89258**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM NANCY BURKE SOLOMON

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89259**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JUDSON SOMERVILLE

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89260**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM NEIL SORENSON

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

**Transaction ID : SB23.I89261**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM MANUEL SOUSA

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

**Transaction ID : SB23.I89262**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM MATTHEW SOYKA

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

**Transaction ID : SB23.I89263**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM KEITH SPEER

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	24	/	2016

**Transaction ID : SB23.I89264**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM SHIRLEY SPELLERBERG

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	24	/	2016

**Transaction ID : SB23.I89265**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM STAN SPENCE

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	24	/	2016

**Transaction ID : SB23.I89266**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1775 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM DONALD SPENCER

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89267**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM MIKE SPINOSA

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89268**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM DANIEL SPOONER

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89269**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1776 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM BILL STACEY

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

**Transaction ID : SB23.I89270**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JUDITH STAINBROOK

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

**Transaction ID : SB23.I89271**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM RODNEY STAMPER

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

**Transaction ID : SB23.I89272**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1777 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM NATALIE STANFIELD

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

**Transaction ID : SB23.I89273**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM KELLY STARNES

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

**Transaction ID : SB23.I89274**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JESSELYN STEELE

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

**Transaction ID : SB23.I89275**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1778 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM DAVID STEINBERG

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89276**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM DAN STEINKE

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89277**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JAMES STENNETT

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89278**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1779 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM BARKETT STEPHEN

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89279**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM BARBARA STEWART

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89280**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM HENRY STICKNEY

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89281**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM BOB STIEGMAN

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	24	/	2016

**Transaction ID : SB23.I89282**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM DAYNE STILES

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	24	/	2016

**Transaction ID : SB23.I89283**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM PARKER STOKES

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	24	/	2016

**Transaction ID : SB23.I89284**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM BARBARA STRATTON

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

**Transaction ID : SB23.I89285**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM BRUCE STRATTON

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

**Transaction ID : SB23.I89286**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM VICTOR STRINGER

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

**Transaction ID : SB23.I89287**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM BONNIE STUEMPFIG

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89288**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM GORDON SULCER

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89289**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM BEVERLY SUTTON

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89290**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM THOMAS SWAN

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89291**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JOHN SWANSBURG

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89292**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM RONALD SWANSON

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89293**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1784 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM BILL & LORI SWAPP

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

**Transaction ID : SB23.I89294**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM DORIS SWOR

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

**Transaction ID : SB23.I89295**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JAMES SYRIAN

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

**Transaction ID : SB23.I89296**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM KATHLEEN SZACHNITOWSKI

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

**Transaction ID : SB23.I89297**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM C,IFF TEBON

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

**Transaction ID : SB23.I89298**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM CHARLES TEMPLETON

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

**Transaction ID : SB23.I89299**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1786 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM SEAN TERRY

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	24	/	2016

**Transaction ID : SB23.I89300**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM PAUL THEISLER

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	24	/	2016

**Transaction ID : SB23.I89301**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JOHN THIELEN

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	24	/	2016

**Transaction ID : SB23.I89302**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1787 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM THEODORE THIELEN

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I89303**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM MONTIE THOMAS

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I89304**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM CORALYNN THOMPSON

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I89305**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM DAVID THOMPSON

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type

Transaction ID : SB23.I89306

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JESSE THOMPSON

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type

Transaction ID : SB23.I89307

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM LAURA THOMSON

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type

Transaction ID : SB23.I89308

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1789 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM DAVID THORESON

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89309**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM CHARLES THORNE

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89310**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM NEIL THORP

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89311**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1790 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM GORDON TIEDEMANN

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89312**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM ANN TILLINGHAST

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89313**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM LARRY TIMMONS

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89314**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1791 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM DALE TOMPKINS

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	24	/	2016

**Transaction ID : SB23.I89315**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM REGINALD TOOLEY

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	24	/	2016

**Transaction ID : SB23.I89316**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JOSEPH TOTH

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	24	/	2016

**Transaction ID : SB23.I89317**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1792 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JOHN TOTTEN

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89318**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM TIM TOW

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89319**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM DICK TOWNES

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89320**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1793 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM KAREN TRACY

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89321**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JANE TRAMMELL

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89322**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JAMES TRAYLOR

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89323**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1794 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JOYCE TREADWELL

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I89324**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM CHRIS TREBON

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I89325**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM BILLIE TREESE

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I89326**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1795 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JAMES TREICHEL

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

**Transaction ID : SB23.I89327**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM MARK TRESIDDER

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

**Transaction ID : SB23.I89328**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM DAN TRUDEAU

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

**Transaction ID : SB23.I89329**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1796 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM CASEY E. TRUMP

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89330**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM EDDY TSAO

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89331**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM STANISLAV TSIPERSON

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89332**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1797 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM ELDERED TUCKER JR.

Candidate Name

**DONALD J. TRUMP**

Office Sought:	House
	Senate
<input checked="" type="checkbox"/>	President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I89333**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM OVIDIO TURCO

Candidate Name

**DONALD J. TRUMP**

Office Sought:	House
	Senate
<input checked="" type="checkbox"/>	President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I89334**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM WILLIAM TURLAY

Candidate Name

**DONALD J. TRUMP**

Office Sought:	House
	Senate
<input checked="" type="checkbox"/>	President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I89335**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1798 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM CHERI M TUTHILL

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

**Transaction ID : SB23.I89336**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM PAUL UHLAND

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

**Transaction ID : SB23.I89337**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM WAYNE UPDIKE

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

**Transaction ID : SB23.I89338**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1799 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM LUIS URIBE

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	24	/	2016

**Transaction ID : SB23.I89339**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM TODD UTLEY

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	24	/	2016

**Transaction ID : SB23.I89340**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM WILLIAM VALANTINE

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	24	/	2016

**Transaction ID : SB23.I89341**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1800 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM DANIEL VALASCHO

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type

Transaction ID : SB23.I89342

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM DAVE VALENTINE

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type

Transaction ID : SB23.I89343

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM MICHAEL VALENTINE

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type

Transaction ID : SB23.I89344

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1801 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM SUSAN VALENTINO

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89345**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM CATHY VAN BENTHUYSEN

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89346**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM ROBERT VANDALL

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89347**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1802 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM MELISSA VANDENBROUCKE

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

**Transaction ID : SB23.I89348**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JOHN VANWILLIGAN

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

**Transaction ID : SB23.I89349**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM ROBERT VEHN

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

**Transaction ID : SB23.I89350**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1803 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM CHRISTINE VERMEULEN

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I89351**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM WILLEM VERMOLEN

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I89352**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM SHARON VIERLING

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I89353**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1804 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM LUPI VILLA-VINAS

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	24	/	2016

**Transaction ID : SB23.I89354**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JOAN VINDAL

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	24	/	2016

**Transaction ID : SB23.I89355**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JULIA VITALE

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	24	/	2016

**Transaction ID : SB23.I89356**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1805 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JOHN VOBIS

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89357**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM FLORENZO VON BERGER

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89358**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM SHEILA VUCCI

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89359**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1806 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM PATRICK WADDLE

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89360**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM SANDRA WAECHTER

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89361**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM MARY WAGNER

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89362**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1807 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM PAUL WAGNER

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89363**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM PETER WAHN

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89364**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM WALTER WALDIE

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89365**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1808 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM ALLEN WALKER

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I89366**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM DEBRA WALKER

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I89367**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM KENNETH WALKER

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I89368**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1809 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM MICHAEL WALKER

Candidate Name

**DONALD J. TRUMP**Office Sought: ☐ House  
☐ Senate  
☒ President  
State: District:Disbursement For: 2016  
☐ Primary ☒ General  
☐ Other (specify) ▼Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	24	/	2016

**Transaction ID : SB23.I89369**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM ROGER WALKWITZ

Candidate Name

**DONALD J. TRUMP**Office Sought: ☐ House  
☐ Senate  
☒ President  
State: District:Disbursement For: 2016  
☐ Primary ☒ General  
☐ Other (specify) ▼Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	24	/	2016

**Transaction ID : SB23.I89370**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JOHN WALLACE

Candidate Name

**DONALD J. TRUMP**Office Sought: ☐ House  
☐ Senate  
☒ President  
State: District:Disbursement For: 2016  
☐ Primary ☒ General  
☐ Other (specify) ▼Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	24	/	2016

**Transaction ID : SB23.I89371**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1810 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM KAY WALLACE

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I89372**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JEREMY WALTON

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I89373**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM WILLIAM WALTON

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I89374**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM HURSCHEL WARD

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I89375**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JOE WARD

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I89376**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JUDY WARE

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I89377**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1812 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM WILLIAM WARRIN

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

**Transaction ID : SB23.I89378**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JOHN WATERHOUSE

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

**Transaction ID : SB23.I89379**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM SUE WATERS

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

**Transaction ID : SB23.I89380**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1813 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM RICHARD WATSON

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89381**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM SHIRLEY WEAVER

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89382**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM THOMAS WEAVER

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89383**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1814 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM WILLIAM WEAVER

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I89384**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM LARRY A WEBB

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I89385**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM FRANK WEIDMANN

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I89386**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1815 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM HAROLD WEISS

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89387**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM STEPHEN WEISS

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89388**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JACK WELLS

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89389**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1816 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM M. WELLS

Candidate Name

**DONALD J. TRUMP**

Office Sought:	House
	Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

**Transaction ID : SB23.I89390**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM WALLY WESTBROOK

Candidate Name

**DONALD J. TRUMP**

Office Sought:	House
	Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

**Transaction ID : SB23.I89391**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JACK WETHINGTON

Candidate Name

**DONALD J. TRUMP**

Office Sought:	House
	Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

**Transaction ID : SB23.I89392**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1817 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM DONALD WHELCHER

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

**Transaction ID : SB23.I89393**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM DAN WHITE

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

**Transaction ID : SB23.I89394**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM FAITH WHITE

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

**Transaction ID : SB23.I89395**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1818 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM ROGER WHITE

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I89396**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM WILLIAM WHITE

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I89397**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM KEVIN WHITED

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I89398**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1819 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM RALPH WIAENBURG

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

**Transaction ID : SB23.I89399**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM NEIL WIEGAND

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

**Transaction ID : SB23.I89400**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM CHARLES WILKENING

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

**Transaction ID : SB23.I89401**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1820 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM RICHARD WILKS

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89402**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM WENDY WILLATS

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89403**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM EILEEN WILLIAMS

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89404**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1821 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM HAZEN WILLIAMS

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I89405**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JAN WILLIAMS

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I89406**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM LESLIE WILLIAMS

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I89407**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1822 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM MITCH WILLIAMS

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I89408**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM PEGGY WILLIAMS

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I89409**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM TALMADGE WILLIAMS JR.

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I89410**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1823 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM COLITA K WILLIAMSON

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89411**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM KEITH WILLS

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89412**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM BRIAN WILSON

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89413**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1824 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM CLAIRETTE WILSON

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89414**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM DANIEL WILSON

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89415**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM DEAN WILSON

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89416**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1825 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM KELLY WILSON

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	24	/	2016

**Transaction ID : SB23.I89417**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM KENT WILSON

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	24	/	2016

**Transaction ID : SB23.I89418**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM STUART WILSON

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	24	/	2016

**Transaction ID : SB23.I89419**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1826 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM WILLIAM WILSON

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89420**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM DALE WINCHELL

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89421**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM LAWRENCE WINER

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89422**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1827 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM BARRY WINEROTH

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type

Transaction ID : SB23.I89423

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM CONNIE WINTERS

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type

Transaction ID : SB23.I89424

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM THOMAS WOISNET

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type

Transaction ID : SB23.I89425

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1828 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JAY WOLF

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89426**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM PAUL WOLF

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89427**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM SONJA WOLF

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89428**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1829 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM STEPHEN WOLOD

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type

Transaction ID : SB23.I89429

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM TERRY WOODS

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type

Transaction ID : SB23.I89430

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM DAVID WOOLDRIDGE

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type

Transaction ID : SB23.I89431

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1830 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JOHN WRIGHT

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type

Transaction ID : SB23.I89432

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM SUSAN WRIGHT

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type

Transaction ID : SB23.I89433

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM LARRY WYRICK

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type

Transaction ID : SB23.I89434

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1831 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM BOB YEAGER

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89435**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM FRANK YONISH

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89436**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM CHIJA YOON

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89437**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1832 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM STAN YOST

Candidate Name

**DONALD J. TRUMP**

Office Sought:	House
	Senate
<input checked="" type="checkbox"/>	President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I89438**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JOHN YOUNG

Candidate Name

**DONALD J. TRUMP**

Office Sought:	House
	Senate
<input checked="" type="checkbox"/>	President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I89439**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JOSEPH YURSO

Candidate Name

**DONALD J. TRUMP**

Office Sought:	House
	Senate
<input checked="" type="checkbox"/>	President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I89440**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1833 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM SUE ZACKS

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I89441**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM DAN ZEHNDER

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I89442**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM DONNA ZICHA

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I89443**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1834 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JOHN ZORBAS

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I89444**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM ROBERT ZUCH

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I89445**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM LYNETTE ABERNATHY

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I89446**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1835 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM RALPH ABRAMO

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89447**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM SHIRLEY ADAMS

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89448**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM GLORIA. J ALBION

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89449**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1836 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JERRY ALDERMAN

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89450**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM HAROLD ALLEN

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89451**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM IDA ALVAREZ

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89452**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1837 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM FRED AMSLER

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89453**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM MAVIS ANSPACH

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89454**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JERRY ASHBY

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89455**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1838 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM PAIGE AUGUSTINE

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89456**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM ARTHUR BAILEY

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89457**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JAMES BAILEY

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89458**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1839 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM BARBARA BAKER

Candidate Name

**DONALD J. TRUMP**

Office Sought:	House
	Senate
<input checked="" type="checkbox"/>	President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

**Transaction ID : SB23.I89459**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JUDY BANKS

Candidate Name

**DONALD J. TRUMP**

Office Sought:	House
	Senate
<input checked="" type="checkbox"/>	President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

**Transaction ID : SB23.I89460**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM KENNETH BARROIS

Candidate Name

**DONALD J. TRUMP**

Office Sought:	House
	Senate
<input checked="" type="checkbox"/>	President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

**Transaction ID : SB23.I89461**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1840 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM EDWARD BAVIS

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	24	/	2016

**Transaction ID : SB23.I89462**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM BYRON BEACH

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	24	/	2016

**Transaction ID : SB23.I89463**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM MARILYN BECK

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	24	/	2016

**Transaction ID : SB23.I89464**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1841 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM DAN BERGSTEDT

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I89465**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM TOMMY L BERRY

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I89466**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM NANCY BLEASE

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I89467**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM DANA BLESS

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type

Transaction ID : SB23.I89468

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM DEBRA BLODGETT

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type

Transaction ID : SB23.I89469

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM EDWARD BOHNART

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type

Transaction ID : SB23.I89470

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1843 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM DOMINICK BONANNO

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I89471**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM ESTHERINE BONANNO

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I89472**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM PAUL BOROFF

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I89473**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1844 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM RICHARD BORYLO

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I89474**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM MARK BOUQUET

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I89475**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM LARRY BOWMAN

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I89476**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1845 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM ANGELA BRACKMAN

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

**Transaction ID : SB23.I89477**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM MITCHELL BRANNEN

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

**Transaction ID : SB23.I89478**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM ORDEAN BRAUN

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

**Transaction ID : SB23.I89479**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1846 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM HEIDI BRAUSCH

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

**Transaction ID : SB23.I89480**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM CINDY BRIGHAM

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

**Transaction ID : SB23.I89481**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM MARY BROOME

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

**Transaction ID : SB23.I89482**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1847 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM SALLY BROWNE

Candidate Name

**DONALD J. TRUMP**

Office Sought:	House
	Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

**Transaction ID : SB23.I89483**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM GARRETT BRUMMER

Candidate Name

**DONALD J. TRUMP**

Office Sought:	House
	Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

**Transaction ID : SB23.I89484**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM RICKY BUCHANAN

Candidate Name

**DONALD J. TRUMP**

Office Sought:	House
	Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

**Transaction ID : SB23.I89485**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1848 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM ALLAN CAILLIER

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

**Transaction ID : SB23.I89486**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM YESIM CALAFELL

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

**Transaction ID : SB23.I89487**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM ANASTASIA CALLANDER

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

**Transaction ID : SB23.I89488**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1849 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM WANDA CALVERT

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

**Transaction ID : SB23.I89489**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JOHN CANALE

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

**Transaction ID : SB23.I89490**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM MICHAEL J CANEPA

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

**Transaction ID : SB23.I89491**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1850 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM BERNIE CARLYLE

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I89492**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM RICHARD CARSON

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I89493**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM KEITH CARTER

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I89494**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1851 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM DOSIA CASEY

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89495**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM CYNTHIA CASTALDI

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89496**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM COTY CATEORA

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89497**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1852 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JACQUE CATER

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89498**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JOAN CHAPKANOV

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89499**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM BUCK CHEATHAM

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89500**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1853 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM HENRY CHILDS

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

**Transaction ID : SB23.I89501**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM PAULINE CHRISTIE

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

**Transaction ID : SB23.I89502**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM DENNIS CHUDD

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

**Transaction ID : SB23.I89503**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1854 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM BILLY CLEMENTS

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

**Transaction ID : SB23.I89504**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM KRISTA COLLINS

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

**Transaction ID : SB23.I89505**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM HOMER COMER

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

**Transaction ID : SB23.I89506**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1855 OF 2173

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<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM GERALDINE CONTRERAZ

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89507**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM SINDI COOMBS

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89508**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM NICK CORNACCHIA

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89509**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1856 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM GEORGE COWLES

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89510**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM PAUL COX

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89511**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM MARY LOU COX BRITTON

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89512**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1857 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM DENNIS CRUZ SR.

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89513**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM DAVID DAVILA

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89514**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM WAYNE DEELEY-BARNARD

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89515**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM CAROL DEVENNY

Candidate Name

**DONALD J. TRUMP**

Office Sought:	House
	Senate
<input checked="" type="checkbox"/>	President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

**Transaction ID : SB23.I89516**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM DONALD L DOBBS

Candidate Name

**DONALD J. TRUMP**

Office Sought:	House
	Senate
<input checked="" type="checkbox"/>	President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

**Transaction ID : SB23.I89517**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM CANDICE DONALDSON

Candidate Name

**DONALD J. TRUMP**

Office Sought:	House
	Senate
<input checked="" type="checkbox"/>	President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

**Transaction ID : SB23.I89518**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM DELOY DOTSON

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	24	/	2016

**Transaction ID : SB23.I89519**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM ALBERT DURO

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	24	/	2016

**Transaction ID : SB23.I89520**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM WESTON EDWARDS

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	24	/	2016

**Transaction ID : SB23.I89521**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM SAYOKO EDWARDSON

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type

Transaction ID : SB23.I89522

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM CHRISTY EKROTH

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type

Transaction ID : SB23.I89523

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM EVERARD ELIJAH

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type

Transaction ID : SB23.I89524

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1861 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM FELIPE ELIMANCO

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89525**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM ALISIA EMBRY

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89526**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JOHN ERKER

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89527**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM ELEANOR ESSLINGER

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89528**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM RICHARD EVANS

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89529**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM NAOMI FAHRENKRUG

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89530**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM MATTHEW FELDMAN

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89531**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM ALICIA FELIBERTY

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89532**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM PHIL FELLNER

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89533**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM ALBA FERNANDEZ

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

**Transaction ID : SB23.I89534**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JOEL FERRARO

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

**Transaction ID : SB23.I89535**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM ED FERRAS

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

**Transaction ID : SB23.I89536**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM BRIAN FISCHER

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	24	/	2016

**Transaction ID : SB23.I89537**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM GEORGIANA FISHER

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	24	/	2016

**Transaction ID : SB23.I89538**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM PEGGY FLECK

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	24	/	2016

**Transaction ID : SB23.I89539**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM DEBORAH FLINT

Candidate Name

**DONALD J. TRUMP**

Office Sought:	House
	Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

**Transaction ID : SB23.I89540**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM CHARLENE FLORESKE

Candidate Name

**DONALD J. TRUMP**

Office Sought:	House
	Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

**Transaction ID : SB23.I89541**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM ELEANOR FOX

Candidate Name

**DONALD J. TRUMP**

Office Sought:	House
	Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

**Transaction ID : SB23.I89542**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JEAN FOYT

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I89543**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM IVAN FRANCIN

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I89544**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM SHEILA FRANK

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I89545**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM PAUL FREEMAN

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

**Transaction ID : SB23.I89546**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM MELLON FRY

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

**Transaction ID : SB23.I89547**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JOHN FULLER

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

**Transaction ID : SB23.I89548**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM STEVE FULLMER

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type

Transaction ID : SB23.I89549

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM DONNA GARCIA

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type

Transaction ID : SB23.I89550

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM CARLOS GARCIA-FOURNIER

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type

Transaction ID : SB23.I89551

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM OLA GAIL GARRETT

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I89552**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JOHN GAYNOR

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I89553**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM BETTY GEGG

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I89554**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM DENNIS GEMAR

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I89555**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM DENIS GENDREAU

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I89556**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM TERESA GENERAS

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I89557**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM KEVIN GEORGE

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	24	/	2016

**Transaction ID : SB23.I89558**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM ROBERT GEORGE

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	24	/	2016

**Transaction ID : SB23.I89559**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM BRYAN GERHAB

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	24	/	2016

**Transaction ID : SB23.I89560**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM FRED AND PAUL GERSPER

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

**Transaction ID : SB23.I89561**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM MARY GETTLER

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

**Transaction ID : SB23.I89562**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM DEBRA GIBBONS

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

**Transaction ID : SB23.I89563**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1874 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM BRUCE GIBSON

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89564**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JOYCE GILLET

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89565**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM MARY GOLIGHTLY

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89566**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JEFFREY GORELICK

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I89567**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JAMES F GOSSELIN

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I89568**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM LORRAINE GRAB

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I89569**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM GARY GRAY

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I89570**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JOHN GREENE

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I89571**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM DENNIS GRIFFIN

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I89572**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1877 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM DAVID GRIMES

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89573**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM ROBERT GUTIERREZ

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89574**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM HEIDI GWINNELL

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89575**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1878 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM DUANE R HALL

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89576**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM ROBERTA HAMLINGTON

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89577**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM MICHAEL HARPER

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89578**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM GREGORY HART

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

**Transaction ID : SB23.I89579**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM PEGGY HART

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

**Transaction ID : SB23.I89580**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JAMES HAWKINS

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

**Transaction ID : SB23.I89581**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM GARY AND YVONNE HEARN

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

**Transaction ID : SB23.I89582**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JOHN M HEIDT

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

**Transaction ID : SB23.I89583**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM MATT HEPHNER

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

**Transaction ID : SB23.I89584**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM DORIS HILLMAN

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89585**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM KRIS HINTZ

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89586**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JACK HOEDEMAN

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89587**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JOHN J HOLLAND

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type

Transaction ID : SB23.I89588

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM MICHAEL HOMSHER

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type

Transaction ID : SB23.I89589

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM SCOTT HUCH

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type

Transaction ID : SB23.I89590

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM THEODORE HUCKS

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I89591**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM ARTHUR HYZER

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I89592**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM WILLIAM IRR

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I89593**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1884 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JOHN JACOBY

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

**Transaction ID : SB23.I89594**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM NORTON JAMES

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

**Transaction ID : SB23.I89595**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM DENNIS JAWOR

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

**Transaction ID : SB23.I89596**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1885 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM THELMA JERDEN

Candidate Name

**DONALD J. TRUMP**Office Sought: ☐ House  
☐ Senate  
☒ President  
State: District:Disbursement For: 2016  
☐ Primary ☒ General  
☐ Other (specify) ▼Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

**Transaction ID : SB23.I89597**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM KAREN JERNIGAN

Candidate Name

**DONALD J. TRUMP**Office Sought: ☐ House  
☐ Senate  
☒ President  
State: District:Disbursement For: 2016  
☐ Primary ☒ General  
☐ Other (specify) ▼Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

**Transaction ID : SB23.I89598**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM CHARLES JOHNSON

Candidate Name

**DONALD J. TRUMP**Office Sought: ☐ House  
☐ Senate  
☒ President  
State: District:Disbursement For: 2016  
☐ Primary ☒ General  
☐ Other (specify) ▼Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

**Transaction ID : SB23.I89599**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM DEAN JOHNSON

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89600**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM EDMUND LUKE JOHNSON

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89601**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM NANCY JOHNSON

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89602**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM PRISCILLA JOHNSON

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type

Transaction ID : SB23.I89603

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM WALTER JOHNSON

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type

Transaction ID : SB23.I89604

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM DAVID JOLLY

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type

Transaction ID : SB23.I89605

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM DAVID JONES

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type

Transaction ID : SB23.I89606

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM GORDON JONES

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type

Transaction ID : SB23.I89607

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM LAWRENCE JUSTIN

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type

Transaction ID : SB23.I89608

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM MARK JUSTMANN

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

**Transaction ID : SB23.I89609**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM THOMAS KARLOFF

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

**Transaction ID : SB23.I89610**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM AMNON KASHI

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

**Transaction ID : SB23.I89611**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JOSEPH KELLERMAN

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	24	/	2016

**Transaction ID : SB23.I89612**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM PRISCILLA J KENNEDY

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	24	/	2016

**Transaction ID : SB23.I89613**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM DONALD KENNEY

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	24	/	2016

**Transaction ID : SB23.I89614**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM CLIFFORD KENYON

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89615**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM ALLEN KEYSER

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89616**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM EDWIN KILBURN

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89617**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM ERIC KINNEY

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	24	/	2016

**Transaction ID : SB23.I89618**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM FRED KRAUSE

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	24	/	2016

**Transaction ID : SB23.I89619**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM LYNN KUHN

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	24	/	2016

**Transaction ID : SB23.I89620**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM DONALD LANDIS

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89621**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM WILLIAM LEE

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89622**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM KATHERINE LOSEE

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89623**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM WILLIAM LOTT

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89624**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JAMES LOVEN

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89625**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM RICHARD LOWRANCE

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89626**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JOHN LUCAS

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

**Transaction ID : SB23.I89627**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM RAUL LUGO

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

**Transaction ID : SB23.I89628**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM DANIEL MAC GLOAN

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

**Transaction ID : SB23.I89629**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM DEBORAH MACIOCE

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89630**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM J RONALD MAESTAS

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89631**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM MATTHIAS MANDERFIELD

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89632**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM CHRISTEN MAREMA

Candidate Name

**DONALD J. TRUMP**

Office Sought:	House
	Senate
<input checked="" type="checkbox"/>	President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I89633**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM MICHAEL MARKOWITZ

Candidate Name

**DONALD J. TRUMP**

Office Sought:	House
	Senate
<input checked="" type="checkbox"/>	President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I89634**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM DENNIS MARTIN

Candidate Name

**DONALD J. TRUMP**

Office Sought:	House
	Senate
<input checked="" type="checkbox"/>	President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I89635**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM LARRY MARTIN

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89636**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM ROGER MARTIN

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89637**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM LEWIS MARTINIELLO

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89638**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM RONALD MATTHEWS

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89639**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM TERRY MAYNARD

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89640**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM CLIFF MCGURK

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89641**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM DEBORAH MCKINNEY

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I89642**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM WAYLAND MCKINNEY

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I89643**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM CLYDE MCMANIGAL

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I89644**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM SCOTT MCNELLEN

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

**Transaction ID : SB23.I89645**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM MARJORI MELBY

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

**Transaction ID : SB23.I89646**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM PATRICIA MICHELSON

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

**Transaction ID : SB23.I89647**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1902 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JAMES H MILLS

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

**Transaction ID : SB23.I89648**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM ALEC MILSKY

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

**Transaction ID : SB23.I89649**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM CHARLES MIRABELLA

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

**Transaction ID : SB23.I89650**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM EVAN MITCHELL

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

**Transaction ID : SB23.I89651**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JOHN MOHR

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

**Transaction ID : SB23.I89652**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM CATHIE MONTGOMERY

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

**Transaction ID : SB23.I89653**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM GREGORY MORRISON

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89654**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM NATALIE MOWAN

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89655**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM CLIFFORD MULDER

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89656**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM LOIS MULLINS

Candidate Name

**DONALD J. TRUMP**

Office Sought:	House
	Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

**Transaction ID : SB23.I89657**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM DILLON MURPHY

Candidate Name

**DONALD J. TRUMP**

Office Sought:	House
	Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

**Transaction ID : SB23.I89658**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM KEITH NEILSON

Candidate Name

**DONALD J. TRUMP**

Office Sought:	House
	Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

**Transaction ID : SB23.I89659**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM GRANT NEWELL

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

**Transaction ID : SB23.I89660**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM CHICK NEZAS

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

**Transaction ID : SB23.I89661**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM STEVEN NOIROT

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

**Transaction ID : SB23.I89662**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM CALVIN L. OESTREICH

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I89663**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JOHN OLDING

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I89664**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM DONALD OLIVIE

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I89665**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM MICHELLE OUELLET

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89666**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM TERESA PARK

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89667**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM BETTYE PARKER

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89668**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM DENNIS PAXMAN

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type

Transaction ID : SB23.I89669

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM ADELE PETERMAN

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type

Transaction ID : SB23.I89670

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM ARLETTE PETERSON

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type

Transaction ID : SB23.I89671

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM FRED POTTSCHMIDT

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

**Transaction ID : SB23.I89672**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM SHAILENDRA PRATAP

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

**Transaction ID : SB23.I89673**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM SHIRLEY PREBOR

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

**Transaction ID : SB23.I89674**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM CRYSTAL PRITCHARD

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type

Transaction ID : SB23.I89675

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM ROBERT QUIGLEY

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type

Transaction ID : SB23.I89676

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM KAREN QUINN

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type

Transaction ID : SB23.I89677

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM SHIRLEY QUINN

Candidate Name

**DONALD J. TRUMP**

Office Sought:	House
	Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

**Transaction ID : SB23.I89678**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM FELIX QUINTANAR

Candidate Name

**DONALD J. TRUMP**

Office Sought:	House
	Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

**Transaction ID : SB23.I89679**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM ALEKSANDR RAFALOVICH

Candidate Name

**DONALD J. TRUMP**

Office Sought:	House
	Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

**Transaction ID : SB23.I89680**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM ANN REA

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type

Transaction ID : SB23.I89681

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM ROBERT READ

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type

Transaction ID : SB23.I89682

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM ALEXANDER G REEVES

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type

Transaction ID : SB23.I89683

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM CATHERINE REICH

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89684**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM BOB RICHARDSON

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89685**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM MARLYS RICHTER

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89686**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM SHARON ROBICHAUX

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I89687**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM BRUCE ROBINSON

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I89688**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM CARMELO ROBLES

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I89689**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JOAN ROHRBACK

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I89690**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JOHN ROLL

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I89691**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM MAYRA ROMANACH

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I89692**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM LORETTA ROMERO

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89693**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM CHERI ROMLANO

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89694**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM CARLOS ROMO

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89695**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM HOWARD ROSEN

Candidate Name

**DONALD J. TRUMP**

Office Sought:	House
	Senate
<input checked="" type="checkbox"/>	President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I89696**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM HARRIETT ROWLAND

Candidate Name

**DONALD J. TRUMP**

Office Sought:	House
	Senate
<input checked="" type="checkbox"/>	President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I89697**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM MATILDA SAKAI

Candidate Name

**DONALD J. TRUMP**

Office Sought:	House
	Senate
<input checked="" type="checkbox"/>	President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I89698**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM PAM SANATI

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

**Transaction ID : SB23.I89699**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM LOUIS SANDOR

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

**Transaction ID : SB23.I89700**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM PAUL SANDSTEDT

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

**Transaction ID : SB23.I89701**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM GWENDOLYN SAUNDERS

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89702**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM NANCY SAUNDERS

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89703**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM LOUIS SAVINO

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89704**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JUNE SCHANBACHER

Candidate Name

**DONALD J. TRUMP**

Office Sought:	House
	Senate
<input checked="" type="checkbox"/>	President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I89705**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JAMES SCHEUER

Candidate Name

**DONALD J. TRUMP**

Office Sought:	House
	Senate
<input checked="" type="checkbox"/>	President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I89706**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM GLENDA SCHMELZER

Candidate Name

**DONALD J. TRUMP**

Office Sought:	House
	Senate
<input checked="" type="checkbox"/>	President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I89707**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM DOUGLAS: SCHNABEL

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I89708**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JOHN SCHNEIDER

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I89709**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM STEVEN SCHULTZ

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I89710**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM ARLENE SCHWARTZ

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89711**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM ARLENE SEBASTIAN

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89712**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM GINGER SELL

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89713**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM BEN SETTLE

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89714**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM THOMAS SEVILLE

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89715**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM DANIEL SEXTON

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89716**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM LEROY SEYMOUR

Candidate Name

**DONALD J. TRUMP**

Office Sought:	House
	Senate
<input checked="" type="checkbox"/>	President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I89717**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM R. ANNE SHALE

Candidate Name

**DONALD J. TRUMP**

Office Sought:	House
	Senate
<input checked="" type="checkbox"/>	President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I89718**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM ROBERT SHAW

Candidate Name

**DONALD J. TRUMP**

Office Sought:	House
	Senate
<input checked="" type="checkbox"/>	President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I89719**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM RICHARD SHIELDS

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89720**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM CAROL SHORES

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89721**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM ELVIRA SHOUP

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89722**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM ALEC SIMPSON

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89723**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM ARTHUR SINDORIS

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89724**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM PAMELA SKOVIRA

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89725**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM CHRISTIE SLATCHER

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89726**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM BARBARA SMITH

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89727**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM CARL SMITH

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89728**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JANET SMITH

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89729**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM ROBERT SMITH

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89730**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM NANCY SNEDIKER

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89731**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM MARIE SPADAFORE

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89732**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM DARVIN SPARKS

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89733**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JOANNE SPEERS

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89734**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM LINDA SPENCER

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89735**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JAMES SPRUELL

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89736**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM BOB STACY

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89737**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM GORDON STANFIELD

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89738**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM CAROL STEINKIRCHNER

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89739**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM FRANKLIN L STEPHENS

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89740**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM VICTOR STERNBERG

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89741**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM KURT STRAUSS

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89742**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JOHN SULLIVAN

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89743**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM ROBERT SWAYZE

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
TypeTransaction ID : **SB23.I89744**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM NANCY SWEATT

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
TypeTransaction ID : **SB23.I89745**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM C J SWYDEN

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
TypeTransaction ID : **SB23.I89746**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JENNIFER TATROW

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

**Transaction ID : SB23.I89747**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM PATRICIA TAYLOR

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

**Transaction ID : SB23.I89748**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM WILLIAM TAYLOR

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

**Transaction ID : SB23.I89749**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM HARRY & ELISABETH THOMAS

Candidate Name

**DONALD J. TRUMP**

Office Sought:	House
	Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

**Transaction ID : SB23.I89750**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM SUSAN THOMPSON

Candidate Name

**DONALD J. TRUMP**

Office Sought:	House
	Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

**Transaction ID : SB23.I89751**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM FREDERIC THOMSON

Candidate Name

**DONALD J. TRUMP**

Office Sought:	House
	Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

**Transaction ID : SB23.I89752**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM GEORGE TOBIN

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89753**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM ELAINE TOPODAS

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89754**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM LAWRENCE TORREY

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89755**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM HPATRICK TRUBIA

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89756**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JOHN VAN VLIET

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89757**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM GERRY VANDENBERG

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89758**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 1939 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM LETTY VARGAS-LOPEZ

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89759**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM RAYMOND VATH

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89760**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM BILLY G VINCENT

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89761**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM DAVE VON BROEMBSSEN

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

**Transaction ID : SB23.I89762**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM CAROL VONDY

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

**Transaction ID : SB23.I89763**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM SHEILA WALDOCH

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

**Transaction ID : SB23.I89764**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM LESLIE WALLACE

Candidate Name

**DONALD J. TRUMP**

Office Sought:	House
	Senate
<input checked="" type="checkbox"/>	President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I89765**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM DANIEL WALLS

Candidate Name

**DONALD J. TRUMP**

Office Sought:	House
	Senate
<input checked="" type="checkbox"/>	President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I89766**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM DANIEL J WALSH

Candidate Name

**DONALD J. TRUMP**

Office Sought:	House
	Senate
<input checked="" type="checkbox"/>	President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I89767**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JO ANN WARREN

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

**Transaction ID : SB23.I89768**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM LORI WASHAM

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

**Transaction ID : SB23.I89769**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM DANIEL WEAVER

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

**Transaction ID : SB23.I89770**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JERRY WEEKS

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

**Transaction ID : SB23.I89771**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM ADAM WEIKER

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

**Transaction ID : SB23.I89772**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM MARILYN WELTON

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

**Transaction ID : SB23.I89773**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
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(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM ROSEMARIE WESSELHOFT

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

**Transaction ID : SB23.I89774**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM NANCY G. WEST

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

**Transaction ID : SB23.I89775**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JERRY WHITE

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

**Transaction ID : SB23.I89776**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
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(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM CANDACE WHITLEY

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

**Transaction ID : SB23.I89777**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JAMES WHITTEN

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

**Transaction ID : SB23.I89778**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM WAYNE WILLIAMS

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

**Transaction ID : SB23.I89779**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
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(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JIMI WILLIAMS-COX

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89780**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM ANDREW WILLIE

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89781**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM CAROLE WILSON

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89782**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM ROBERT WOLFE

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89783**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JEAN WORLEY

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89784**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM GARY WOSKA

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89785**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM GAYLE WRIGHT

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89786**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM GERALD WRIGHT

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89787**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM LARTY WRIGHT

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89788**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
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(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM THOMAS YUKI

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

**Transaction ID : SB23.I89789**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM MICHAEL ZURIK

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

**Transaction ID : SB23.I89790**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM KEVIN ABERNATHY

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		28		2016

**Transaction ID : SB23.I89791**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		28		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM ADEMOLA AFOLABI

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89792**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		28		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM THOMAS ALBANO

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89793**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		28		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM ARTHUR ALDRIDGE

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89794**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		28		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM TIM ANGLEMYER

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89795**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		28		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM VINCENT J ANTEZZO

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89796**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		28		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM PAUL ARDI

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89797**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JAN AXTELL

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	28	/	2016

**Transaction ID : SB23.I89798**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM DAVID BARTON

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	28	/	2016

**Transaction ID : SB23.I89799**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM ROBERT M. BATTLE

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	28	/	2016

**Transaction ID : SB23.I89800**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		28		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM KATHLEEN BENDA

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89801**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		28		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM ARNOLD BICKHAM

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89802**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		28		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM WILLIAM B BLACK

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89803**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		28		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JEFFREY BLOMSNESS

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89804**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		28		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JAMES BONK

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89805**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		28		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM %%FIRST%%JOHN BONOMO

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89806**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		28		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM WILLIAM BOOK

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I89807**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		28		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM EVELYN BOYINGTON

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I89808**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		28		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM CLAUDIA BREUNIG

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I89809**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM FRANCIS BRUNO

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	28	/	2016

**Transaction ID : SB23.I89810**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM BLANCHE BULATAO

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	28	/	2016

**Transaction ID : SB23.I89811**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM TERRIE BUNKER

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	28	/	2016

**Transaction ID : SB23.I89812**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM NORM BURAK

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		28		2016

**Transaction ID : SB23.I89813**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM ROY F. BURKHAM

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		28		2016

**Transaction ID : SB23.I89814**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM KATHERYNE BURNS

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		28		2016

**Transaction ID : SB23.I89815**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		28		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM MARIAN CALDWELL

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89816**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		28		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM VERLE CALL

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89817**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		28		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JUDY CALLAND

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89818**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM DAVID CAMPBELL

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		28		2016

**Transaction ID : SB23.I89819**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM BARBARA CARMACK

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		28		2016

**Transaction ID : SB23.I89820**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM FRANCES A CARNEY

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		28		2016

**Transaction ID : SB23.I89821**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		28		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM E CASAS. SR.

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
TypeTransaction ID : **SB23.I89822**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		28		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM ANTHONY CICIRELLO

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
TypeTransaction ID : **SB23.I89823**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		28		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM DONALD CLARK

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
TypeTransaction ID : **SB23.I89824**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		28		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JAMES COLLINS

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89825**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		28		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JOHN COMMER

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89826**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		28		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM KRISTINE CONNELLY

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89827**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		28		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM LOIS CONWAY

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I89828**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		28		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM MACIL COSTELLO

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I89829**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		28		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM SANDRA COULSON

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I89830**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JO COUPENS

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		28		2016

**Transaction ID : SB23.I89831**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM KENNETH CRAIG

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		28		2016

**Transaction ID : SB23.I89832**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM FREDERICK CRASE

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		28		2016

**Transaction ID : SB23.I89833**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		28		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM KEVIN CRYSTAL

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89834**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		28		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM PATRICIA CUNNINGHAM

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89835**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		28		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM PETER DAENZER

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89836**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM CHARLES DAUGHERTY

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		28		2016

**Transaction ID : SB23.I89837**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM STEPHEN DE WITT

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		28		2016

**Transaction ID : SB23.I89838**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM PHYLLIS DEATON

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		28		2016

**Transaction ID : SB23.I89839**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM MARY DEFORE

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		28		2016

**Transaction ID : SB23.I89840**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM MICHAEL DEMEO

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		28		2016

**Transaction ID : SB23.I89841**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM SUSAN DEMICCO

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		28		2016

**Transaction ID : SB23.I89842**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		28		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM GORDON DERMAN

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89843**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		28		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM LUIS DIAZ

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89844**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		28		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM CHARLEEN DICKMAN

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89845**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JOHN DONAHUE

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		28		2016

**Transaction ID : SB23.I89846**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM EUGENE DOUGHERTY

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		28		2016

**Transaction ID : SB23.I89847**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM MARYANNE DRAKE

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		28		2016

**Transaction ID : SB23.I89848**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		28		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM CHARLES EISENHUTH

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I89849**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		28		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JOHN R ELANDER

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I89850**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		28		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JAMES ELBON

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I89851**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		28		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM EDGAR EMERY

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I89852**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		28		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JAMES EMERY

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I89853**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		28		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM BERT ENGEL

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I89854**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM ELIZABETH ENGEL

Candidate Name

**DONALD J. TRUMP**Office Sought: ☐ House  
☐ Senate  
☒ President  
State: District:Disbursement For: 2016  
☐ Primary ☒ General  
☐ Other (specify) ▼Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		28		2016

**Transaction ID : SB23.I89855**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM DOLORES ESKENBERRY

Candidate Name

**DONALD J. TRUMP**Office Sought: ☐ House  
☐ Senate  
☒ President  
State: District:Disbursement For: 2016  
☐ Primary ☒ General  
☐ Other (specify) ▼Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		28		2016

**Transaction ID : SB23.I89856**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM STEPHEN FINDLAY

Candidate Name

**DONALD J. TRUMP**Office Sought: ☐ House  
☐ Senate  
☒ President  
State: District:Disbursement For: 2016  
☐ Primary ☒ General  
☐ Other (specify) ▼Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		28		2016

**Transaction ID : SB23.I89857**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM CHERYL FOSTER

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	28	/	2016

**Transaction ID : SB23.I89858**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM KATHLEEN FRANTZ

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	28	/	2016

**Transaction ID : SB23.I89859**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM GENEVIEVE FRAZIER

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	28	/	2016

**Transaction ID : SB23.I89860**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM CHRISTINE FRIEDRICH

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		28		2016

**Transaction ID : SB23.I89861**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM RICHARD GARLICK

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		28		2016

**Transaction ID : SB23.I89862**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JESS GEIB

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		28		2016

**Transaction ID : SB23.I89863**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM WAYNE GEISLER

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		28		2016

**Transaction ID : SB23.I89864**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JOSEPH GLAS

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		28		2016

**Transaction ID : SB23.I89865**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM SHARON GRANT

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		28		2016

**Transaction ID : SB23.I89866**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
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(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		28		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM PEGGY GUIDO

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I89867**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		28		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM DAVID GUTH

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I89868**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		28		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM TOM GUMPRECHT

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I89869**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
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(check only one)

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<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		28		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM RICHARD HALL

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I89870**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		28		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM VERA HALL

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I89871**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		28		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JANINE HANISH

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I89872**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
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(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM GEORGE HARHEN

Candidate Name

**DONALD J. TRUMP**

Office Sought:	House
	Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		28		2016

**Transaction ID : SB23.I89873**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM SAMUEL HARRIS

Candidate Name

**DONALD J. TRUMP**

Office Sought:	House
	Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		28		2016

**Transaction ID : SB23.I89874**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM PAM HAWKINS

Candidate Name

**DONALD J. TRUMP**

Office Sought:	House
	Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		28		2016

**Transaction ID : SB23.I89875**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
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(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		28		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM KIM HAYS

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89876**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		28		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM WILLIAM HEDRICK

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89877**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		28		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM MARK HILLYARD

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89878**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM ROBERT HINDMAN

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		28		2016

**Transaction ID : SB23.I89879**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM BRIAN HOOSE

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		28		2016

**Transaction ID : SB23.I89880**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM ARTHUR HOUSE

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		28		2016

**Transaction ID : SB23.I89881**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
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(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		28		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM GEORGE HUDSON

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89882**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		28		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM NORMAN HUFF

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89883**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		28		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM PETE HUGGINS

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89884**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		28		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JEFFREY HUGHES

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type

Transaction ID : SB23.I89885

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		28		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM PENIRUTH INGRAM

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type

Transaction ID : SB23.I89886

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		28		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM ANN JOHNSON

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type

Transaction ID : SB23.I89887

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JANICE JONES

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		28		2016

**Transaction ID : SB23.I89888**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM BEN JONES

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		28		2016

**Transaction ID : SB23.I89889**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM SHARELL JORDAN

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		28		2016

**Transaction ID : SB23.I89890**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM PAK KANEFIELD

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		28		2016

**Transaction ID : SB23.I89891**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM THOMAS J KAVANAUGH

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		28		2016

**Transaction ID : SB23.I89892**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM DAVE KAVITZ

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		28		2016

**Transaction ID : SB23.I89893**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		28		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JIM KELLER

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I89894**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		28		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM ALAN KENDRICK

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I89895**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		28		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JOHN KIELCZYNSKI

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I89896**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		28		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM GINA KLEMPER

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89897**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		28		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM CAROL KNAPP

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89898**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		28		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM RICHARD KORPAN

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89899**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM ROBERT KREIS

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		28		2016

**Transaction ID : SB23.I89900**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM WILLIAM KRUCZKO

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		28		2016

**Transaction ID : SB23.I89901**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM DONALD LANDIS

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		28		2016

**Transaction ID : SB23.I89902**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		28		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM LIANE LAUERSDORF

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89903**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		28		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM KATHY LEATH

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89904**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		28		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JACQUELINE LECCESI

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89905**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM BOBBY LEWIS

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	28	/	2016

**Transaction ID : SB23.I89906**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM RUTH LEY

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	28	/	2016

**Transaction ID : SB23.I89907**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM DEBI LEZARK

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	28	/	2016

**Transaction ID : SB23.I89908**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
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(check only one)

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<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		28		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JOSEPH LILJE

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89909**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		28		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JOHN LIMPUS

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89910**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		28		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM MARJORIE LINDEE

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89911**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
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(check only one)

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<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		28		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM HARRY LOCOCK

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89912**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		28		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM THOMAS LOMBARDO

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89913**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		28		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM CHARLES LOPEZ

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89914**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
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(check only one)

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<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		28		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM CHARLES MADISON

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89915**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		28		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM CHARLES MAHONEY

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89916**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		28		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM CLARK MANGELSDORF

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89917**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		28		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM HAROLD MARBLE

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89918**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		28		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM WENDY MARKS

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89919**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		28		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM SUSAN MARSH

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89920**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		28		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM PAUL MASSARIA

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89921**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		28		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM CHRISTOPHER MATHER

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89922**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		28		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM DON MATHEWS

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89923**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		28		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM MARY LOUISE MATHIESON

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I89924**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		28		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM BETTIE MCCOLLUM

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I89925**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		28		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM YVONNE MCGEACHY

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I89926**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
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Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM RICHARD MEECE

Candidate Name

**DONALD J. TRUMP**Office Sought: ☐ House  
☐ Senate  
☒ President  
State: District:Disbursement For: 2016  
☐ Primary ☒ General  
☐ Other (specify) ▼Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		28		2016

**Transaction ID : SB23.I89927**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM PATRICIA MELVIN

Candidate Name

**DONALD J. TRUMP**Office Sought: ☐ House  
☐ Senate  
☒ President  
State: District:Disbursement For: 2016  
☐ Primary ☒ General  
☐ Other (specify) ▼Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		28		2016

**Transaction ID : SB23.I89928**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM CRAIG MENKER

Candidate Name

**DONALD J. TRUMP**Office Sought: ☐ House  
☐ Senate  
☒ President  
State: District:Disbursement For: 2016  
☐ Primary ☒ General  
☐ Other (specify) ▼Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		28		2016

**Transaction ID : SB23.I89929**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		28		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM MURIEL MILLS

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I89930**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		28		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM ROBERT MONTGOMERY

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I89931**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		28		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM RONALD MOORE

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I89932**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		28		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JULIE & RICK MOORE

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89933**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		28		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM HAROLD MORGAN

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89934**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		28		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JIM MORSCHHAUSER

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89935**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		28		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM SHEILA NAWMAN

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
TypeTransaction ID : **SB23.I89936**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		28		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM CINDY NICHOLS

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
TypeTransaction ID : **SB23.I89937**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		28		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM CHRIS ORDWAY

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
TypeTransaction ID : **SB23.I89938**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		28		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM ALEXANDER ORLOFF

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89939**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		28		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM ALBERT OUELLETTE II

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89940**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		28		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM TERRY PATTERSON

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89941**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM NANCY PAYNE

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		28		2016

**Transaction ID : SB23.I89942**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JEFFREY PELTON

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		28		2016

**Transaction ID : SB23.I89943**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM CLIFF & ANNA PERRY

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		28		2016

**Transaction ID : SB23.I89944**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM T. PERSSON

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		28		2016

**Transaction ID : SB23.I89945**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM KELLY PETRILLA

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		28		2016

**Transaction ID : SB23.I89946**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM TRACIE PRICE

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		28		2016

**Transaction ID : SB23.I89947**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		28		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM BARBARA PRINGLE

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89948**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		28		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM PATRICIA RADUZINER

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89949**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		28		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM ANN REA

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89950**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM MARK REMSPECHER

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		28		2016

**Transaction ID : SB23.I89951**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM PATRICIA RICHARDSON

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		28		2016

**Transaction ID : SB23.I89952**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM BARBARA RIEGER

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		28		2016

**Transaction ID : SB23.I89953**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		28		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JOAN RINCK-RUNNELS

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89954**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		28		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM FRED ROBBE

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89955**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		28		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM EILEEN M., ROBERTSON

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89956**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		28		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM ANDREW ROHMAN

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89957**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		28		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM ANTHONY ROSATI

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89958**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		28		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM HERBERT ROWAN

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89959**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM WILLIAM RUDOLPH

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		28		2016

**Transaction ID : SB23.I89960**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM KENNETH SCHROEDER

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		28		2016

**Transaction ID : SB23.I89961**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM MICHAEL SCHULTZ

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		28		2016

**Transaction ID : SB23.I89962**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		28		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM DENNIS SCHULTZ

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89963**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		28		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM CHARLES SHOCKLEY

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89964**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		28		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM GARY SIGLER

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89965**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		28		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM PETER SIMPKIN

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
TypeTransaction ID : **SB23.I89966**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		28		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM RUSSELL SLETMOEN

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
TypeTransaction ID : **SB23.I89967**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		28		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM RANDELL N. SMITH

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
TypeTransaction ID : **SB23.I89968**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM WAYNE SMITH

Candidate Name

**DONALD J. TRUMP**Office Sought: ☐ House  
☐ Senate  
☒ President  
State: District:Disbursement For: 2016  
☐ Primary ☒ General  
☐ Other (specify) ▼Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	28	/	2016

**Transaction ID : SB23.I89969**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM FREDERICK SMITH

Candidate Name

**DONALD J. TRUMP**Office Sought: ☐ House  
☐ Senate  
☒ President  
State: District:Disbursement For: 2016  
☐ Primary ☒ General  
☐ Other (specify) ▼Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	28	/	2016

**Transaction ID : SB23.I89970**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM MANUEL SOUSA

Candidate Name

**DONALD J. TRUMP**Office Sought: ☐ House  
☐ Senate  
☒ President  
State: District:Disbursement For: 2016  
☐ Primary ☒ General  
☐ Other (specify) ▼Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	28	/	2016

**Transaction ID : SB23.I89971**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		28		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM VICTOR SPURLING

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89972**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		28		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM WAYNE ST JOHN

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89973**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		28		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JAMES STEVENS

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89974**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM MICHAEL STEWART

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		28		2016

**Transaction ID : SB23.I89975**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JAMES STEWART

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		28		2016

**Transaction ID : SB23.I89976**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JOE SWEET

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		28		2016

**Transaction ID : SB23.I89977**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM RACHEL TALBOT

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		28		2016

**Transaction ID : SB23.I89978**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM EUGENE TAORMINA

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		28		2016

**Transaction ID : SB23.I89979**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM MILTON TENHAVE

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		28		2016

**Transaction ID : SB23.I89980**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		28		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JOYCE THOME

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89981**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		28		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM PAUL THOMPSON

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89982**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		28		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JACK TURNER

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89983**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		28		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM GEORGE VAETH

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89984**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		28		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM ROBERT VANGEN

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89985**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		28		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM MARIA VAUGHT

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I89986**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		28		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM MARIA Y. VELA

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I89987**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		28		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM CALVIN VICE

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I89988**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		28		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM THOMAS VILLAMANA

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I89989**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		28		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM GENNARO VILLELLA

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I89990**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		28		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM LOYCE WALKER

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I89991**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		28		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM KAREN WATERVAL

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I89992**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 2017 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM THOMAS WEAVER

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		28		2016

**Transaction ID : SB23.I89993**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM CHRISTOPHER WHALING

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		28		2016

**Transaction ID : SB23.I89994**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM RAY WHITE

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		28		2016

**Transaction ID : SB23.I89995**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 2018 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM MARY WHITTINGTON

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		28		2016

**Transaction ID : SB23.I89996**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM CONNIE WILLIAMS

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		28		2016

**Transaction ID : SB23.I89997**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM THOMAS WILLIAMSON

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		28		2016

**Transaction ID : SB23.I89998**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 2019 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM WALTER WILSEY

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	28	/	2016

**Transaction ID : SB23.I89999**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JOHN WOOD

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	28	/	2016

**Transaction ID : SB23.I90000**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM DONALD WRIGHT

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	28	/	2016

**Transaction ID : SB23.I90001**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM CRAIG WYLIE

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		28		2016

**Transaction ID : SB23.I90002**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM KAY MORTON

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2016

**Transaction ID : SB23.I90003**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM NORMA DUFF

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2016

**Transaction ID : SB23.I90004**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM CRYSTAL SALAPATAS

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I90005**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM MELODY AMBLER

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I90006**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM RUSSELL UNION

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I90007**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM RICHARD WILLIAMS

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I90008**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM SONNY BLOOMFIELD

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I90009**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM NANCY HUBBART

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I90010**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 2023 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM LAWRENCE TORREY

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I90011**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM RALPH HARRISON

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I90012**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM MELODY STRITE

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I90013**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM WILLIAM H BUSHEY

Candidate Name

**DONALD J. TRUMP**Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

**Transaction ID : SB23.I90014**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM PHYLLIS KNOWLES

Candidate Name

**DONALD J. TRUMP**Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

**Transaction ID : SB23.I90015**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM PAMELA SNOW

Candidate Name

**DONALD J. TRUMP**Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

**Transaction ID : SB23.I90016**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 2025 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM EUGENE BEACHAM

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I90017**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM DONNIE NEIENBERGER

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I90018**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM LAURA CONWAY

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I90019**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM ANTHONY MANGAN

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I90020**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM CHRIS FERRAGAMO

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I90021**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JOAN CIMBER

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I90022**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 2027 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM KATHLEEN DILGER

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I90023**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM KEPA WONG

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I90024**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM ERNA HOFFMAN

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I90025**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM KARON HESS

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2016

**Transaction ID : SB23.I90026**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM FAY ADAMSON

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2016

**Transaction ID : SB23.I90027**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JAMES HARVEY

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2016

**Transaction ID : SB23.I90028**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 2029 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM ELIZA M GRASSY

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2016

**Transaction ID : SB23.I90029**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM PHILIP Gerdine

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2016

**Transaction ID : SB23.I90030**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM MICHAEL E KEABLE

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2016

**Transaction ID : SB23.I90031**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 2030 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM LOIS VALERO

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
TypeTransaction ID : **SB23.I90032**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JAMES W ASBURY

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
TypeTransaction ID : **SB23.I90033**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM RICHARD J. LAWTON

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
TypeTransaction ID : **SB23.I90034**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 2031 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JAMES PERRY

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2016

**Transaction ID : SB23.I90035**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JOHN LOCKTON

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2016

**Transaction ID : SB23.I90036**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM VIRGINIA MUDD

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2016

**Transaction ID : SB23.I90037**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 2032 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM ROBERT WALLACE

Candidate Name

**DONALD J. TRUMP**

Office Sought:	House
	Senate
<input checked="" type="checkbox"/>	President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I90038**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM PAULA EVERETT

Candidate Name

**DONALD J. TRUMP**

Office Sought:	House
	Senate
<input checked="" type="checkbox"/>	President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I90039**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM PATRICIA RECAME

Candidate Name

**DONALD J. TRUMP**

Office Sought:	House
	Senate
<input checked="" type="checkbox"/>	President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I90040**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 2033 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM EDWARD WATKINS

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
TypeTransaction ID : **SB23.I90041**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM CHARLES C. HARRIS

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
TypeTransaction ID : **SB23.I90042**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM OWEN KUBAL

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
TypeTransaction ID : **SB23.I90043**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 2034 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM WALTER MARTINEZ

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I90044**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM ALVIN WINTERMYER

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I90045**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM RICHARD WATSON

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I90046**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JOYCE KUHN

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2016

**Transaction ID : SB23.I90047**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM ARLENE PEERY

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2016

**Transaction ID : SB23.I90048**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM SAMUEL VOTTA

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2016

**Transaction ID : SB23.I90049**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM PEGGY BECKETT

Candidate Name

**DONALD J. TRUMP**Office Sought: ☐ House  
☐ Senate  
☒ President  
State: District:Disbursement For: 2016  
☐ Primary ☒ General  
☐ Other (specify) ▼Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2016

**Transaction ID : SB23.I90050**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM ANDREW SCHULTZ

Candidate Name

**DONALD J. TRUMP**Office Sought: ☐ House  
☐ Senate  
☒ President  
State: District:Disbursement For: 2016  
☐ Primary ☒ General  
☐ Other (specify) ▼Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2016

**Transaction ID : SB23.I90051**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM MIKE MCCLOUD

Candidate Name

**DONALD J. TRUMP**Office Sought: ☐ House  
☐ Senate  
☒ President  
State: District:Disbursement For: 2016  
☐ Primary ☒ General  
☐ Other (specify) ▼Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2016

**Transaction ID : SB23.I90052**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM WILLIAM RODKEY

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2016

**Transaction ID : SB23.I90053**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM RICHARD LENHAM

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2016

**Transaction ID : SB23.I90054**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JACK MCCLURE

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2016

**Transaction ID : SB23.I90055**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM CHARLES MCMAHON

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I90056**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM BRENDA ARNDT

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I90057**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JOE O'MALLEY

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I90058**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 2039 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM VONI STRASSER

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2016

**Transaction ID : SB23.I90059**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM MICHAEL SHEPHERD

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2016

**Transaction ID : SB23.I90060**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM TATYANA AFANASYEVA

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2016

**Transaction ID : SB23.I90061**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 2040 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM LOUIS CONTUMELIO

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Category/  
Type**Transaction ID : SB23.I90062**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM ROBERT HILL

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Category/  
Type**Transaction ID : SB23.I90063**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM RONALD MANONI

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Category/  
Type**Transaction ID : SB23.I90064**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 2041 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM KATHY PERRIZO

Candidate Name

**DONALD J. TRUMP**Office Sought: ☐ House  
☐ Senate  
☒ President  
State: District:Disbursement For: 2016  
☐ Primary ☒ General  
☐ Other (specify) ▼Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2016

**Transaction ID : SB23.I90065**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM WALTER & CONSTANCE ZIPF

Candidate Name

**DONALD J. TRUMP**Office Sought: ☐ House  
☐ Senate  
☒ President  
State: District:Disbursement For: 2016  
☐ Primary ☒ General  
☐ Other (specify) ▼Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2016

**Transaction ID : SB23.I90066**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM THOMAS CALDWELL

Candidate Name

**DONALD J. TRUMP**Office Sought: ☐ House  
☐ Senate  
☒ President  
State: District:Disbursement For: 2016  
☐ Primary ☒ General  
☐ Other (specify) ▼Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2016

**Transaction ID : SB23.I90067**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM CHARLENE BOWERSOCK

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2016

**Transaction ID : SB23.I90068**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM DARVIN NEASE

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2016

**Transaction ID : SB23.I90069**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JOHN R BLAIR

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2016

**Transaction ID : SB23.I90070**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM GERALDINE GIARDINO

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2016

**Transaction ID : SB23.I90071**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JUNE LUJANO

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2016

**Transaction ID : SB23.I90072**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM KIRK FITZGERALD

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2016

**Transaction ID : SB23.I90073**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM ALISON BLISS

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2016

**Transaction ID : SB23.I90074**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM SHERIAN EPSTEIN

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2016

**Transaction ID : SB23.I90075**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM PATRICIA HILL

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2016

**Transaction ID : SB23.I90076**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM ARTHUR SCHEURER

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2016

**Transaction ID : SB23.I90077**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM BASIL MANTAGAS

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2016

**Transaction ID : SB23.I90078**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM LOUISE PERROTTA

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2016

**Transaction ID : SB23.I90079**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM DON GARCIA

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I90080**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM KEVIN ROBINSON

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I90081**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM MARVIN WRIGHT

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I90082**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 2047 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM RICHARD HALL

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2016

**Transaction ID : SB23.I90083**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM MARK EVEANS

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2016

**Transaction ID : SB23.I90084**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM WILLIAM PHILLIPS

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2016

**Transaction ID : SB23.I90085**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 2048 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM KENTON GAST

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2016

**Transaction ID : SB23.I90086**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM TIM BOTSFORD

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2016

**Transaction ID : SB23.I90087**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM LORNE GRANT

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2016

**Transaction ID : SB23.I90088**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM RAYMOND MILLER

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2016

**Transaction ID : SB23.I90089**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JOAN LOTSPEICH

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2016

**Transaction ID : SB23.I90090**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM KRISTY CAMINO

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2016

**Transaction ID : SB23.I90091**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 2050 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM RHODA M WESLEY

Candidate Name

**DONALD J. TRUMP**Office Sought: ☐ House  
☐ Senate  
☒ President  
State: District:Disbursement For: 2016  
☐ Primary ☒ General  
☐ Other (specify) ▼Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2016

**Transaction ID : SB23.I90092**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM MAXINE ERICKSON

Candidate Name

**DONALD J. TRUMP**Office Sought: ☐ House  
☐ Senate  
☒ President  
State: District:Disbursement For: 2016  
☐ Primary ☒ General  
☐ Other (specify) ▼Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2016

**Transaction ID : SB23.I90093**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM WALLY WESTBROOK

Candidate Name

**DONALD J. TRUMP**Office Sought: ☐ House  
☐ Senate  
☒ President  
State: District:Disbursement For: 2016  
☐ Primary ☒ General  
☐ Other (specify) ▼Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2016

**Transaction ID : SB23.I90094**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 2051 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM CAROL SMART

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2016

**Transaction ID : SB23.I90095**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM BRET UHLICH

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2016

**Transaction ID : SB23.I90096**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM FREDERICK BENCIVENGA

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2016

**Transaction ID : SB23.I90097**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 2052 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM DENMAN MOODY

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
TypeTransaction ID : **SB23.I90098**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM FRANK MONTICELLI

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
TypeTransaction ID : **SB23.I90099**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM CARL GROSSI

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
TypeTransaction ID : **SB23.I90100**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 2053 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City State Zip Code  
NEW YORK NY 10022Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JONNA LAMBERT-WARNER

Candidate Name

**DONALD J. TRUMP**Office Sought: ☐ House  
☐ Senate  
☒ President  
State: District:Disbursement For: 2016  
☐ Primary ☒ General  
☐ Other (specify) ▼Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2016

**Transaction ID : SB23.I90101**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City State Zip Code  
NEW YORK NY 10022Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM RICHARD KEESLING

Candidate Name

**DONALD J. TRUMP**Office Sought: ☐ House  
☐ Senate  
☒ President  
State: District:Disbursement For: 2016  
☐ Primary ☒ General  
☐ Other (specify) ▼Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2016

**Transaction ID : SB23.I90102**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City State Zip Code  
NEW YORK NY 10022Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM HEIDI VERSLAND

Candidate Name

**DONALD J. TRUMP**Office Sought: ☐ House  
☐ Senate  
☒ President  
State: District:Disbursement For: 2016  
☐ Primary ☒ General  
☐ Other (specify) ▼Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2016

**Transaction ID : SB23.I90103**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 2054 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM MARVIN WALLMAN

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I90104**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM GLORIA TACCAD

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I90105**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM IRA JEFFERSON

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I90106**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 2055 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM SUSAN HASSLOCHER

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2016

**Transaction ID : SB23.I90107**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM CAROL COLE

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2016

**Transaction ID : SB23.I90108**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM DAYTON SMITH

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2016

**Transaction ID : SB23.I90109**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM TONYA AMANKWATIA

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I90110**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM NANCY KINNEY

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I90111**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM FREDERICK SANDVIK

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type**Transaction ID : SB23.I90112**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 2057 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM LYLE GROSHEL

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2016

**Transaction ID : SB23.I90113**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM WILLIAM MOORE

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2016

**Transaction ID : SB23.I90114**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM TERRY MCCALL

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2016

**Transaction ID : SB23.I90115**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 2058 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM ANNE M ERSKINE

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I90116**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM BRUCE HOEGH

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I90117**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM MARILYN COVEY

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I90118**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 2059 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM CYNTHIA KOLLATH

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2016

**Transaction ID : SB23.I90119**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM HAROLD RUSSELL

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2016

**Transaction ID : SB23.I90120**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM SUSAN PURCELL

Candidate Name

**DONALD J. TRUMP**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input checked="" type="checkbox"/> President
State:	District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2016

**Transaction ID : SB23.I90121**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 2060 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM ROBERT WILHELMY

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I90122**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM KATHLEEN IRVING

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I90123**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2016

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM WILLIAM POST

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type**Transaction ID : SB23.I90124**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 2061 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM VIRGINIA SITZLER

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2016

**Transaction ID : SB23.I90125**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM RAY ELIANTE

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2016

**Transaction ID : SB23.I90126**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD J. TRUMP FOR PRESIDENT, INC.**

Mailing Address 725 FIFTH AVENUE

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM JOHN MOFFETT

Candidate Name

**DONALD J. TRUMP**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2016

**Transaction ID : SB23.I90127**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00
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18360.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input checked="" type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. ERIC BEACH**

Mailing Address 344 E 16TH STREET

City COSTA MESA State CA Zip Code 92627

Purpose of Disbursement  
CAREY ACCT: LOAN REPAYMENT

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2016

**Transaction ID : SB26.I85902**

Amount of Each Disbursement this Period

50000.00
----------

☐ Memo Item**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Disbursement this Period

--

☐ Memo Item**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Disbursement this Period

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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

50000.00
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50000.00
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	21b		22		23		24		25		26
	27	X	28a		28b		28c		29		30b

NAME OF COMMITTEE (In Full)  
GREAT AMERICA PAC

### A. JEFFREY BLOMSNESS

Mailing Address 15 WILLOW BAY DRIVE

City	State	Zip Code
SOUTH BARRINGTON	IL	60010

Purpose of Disbursement
REFUND OF CONTRIBUTION

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Date of Disbursement

Transaction ID : SB28A.I86143

Amount of Each Disbursement this Period

500.00

 Memo Item

Full Name (Last, First, Middle Initial)

## B. JEFFREY BLOMSNESS

Mailing Address 15 WILLOW BAY DRIVE

City	State	Zip Code
SOUTH BARRINGTON	IL	60010

### Purpose of Disbursement

#### REFUND OF CONTRIBUTION

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Date of Disbursement

Transaction ID : SB28A.I86144

Amount of Each Disbursement this Period

500.00

 Memo Item

Full Name (Last, First, Middle Initial)

### C. JEFFREY BLOMSNESS

Mailing Address 15 WILLOW BAY DRIVE

City	State	Zip Code
SOUTH BARRINGTON	IL	60010

### Purpose of Disbursement

#### REFUND OF CONTRIBUTION

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Date of Disbursement



Transaction ID : SB28A.I86145

Amount of Each Disbursement this Period

 Memo Item

**SUBTOTAL** of Disbursements This Page (optional).....

**TOTAL** This Period (last page this line number only).....

1500.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. TOM & JANE FLAGG**

Mailing Address 225 SOUTH STREET

City	State	Zip Code
JERSEY CITY	NJ	07307

Purpose of Disbursement  
REFUND OF CONTRIBUTION

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		17		2016

**Transaction ID : SB28A.I86124**

Amount of Each Disbursement this Period

1000.00
---------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. JEROME KELLER**

Mailing Address 626 THOMAS JEFFERSON RD

City	State	Zip Code
WAYNE	PA	19087

Purpose of Disbursement  
REFUND OF CONTRIBUTION

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		14		2016

**Transaction ID : SB28A.I86120**

Amount of Each Disbursement this Period

500.00
--------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. GLORIA MAYO**

Mailing Address 492 THORN CREEK WAY

City	State	Zip Code
DALLAS	GA	30157

Purpose of Disbursement  
REFUND OF CONTRIBUTION

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		20		2016

**Transaction ID : SB28A.I86128**

Amount of Each Disbursement this Period

1000.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

2500.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 2065 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. PATRICIA OTANDER**

Mailing Address 2252 BUTTS RD

City ASHVILLE State NY Zip Code 14710

Purpose of Disbursement  
REFUND OF CONTRIBUTION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2016

Transaction ID : SB28A.I86142

Amount of Each Disbursement this Period

1000.00
---------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. MITCH SHELBY**

Mailing Address 2213 CROWN POINT DRIVE

City CAPE GIRARDEAU State MO Zip Code 63701

Purpose of Disbursement  
REFUND OF CONTRIBUTION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		13		2016

Transaction ID : SB28A.I86118

Amount of Each Disbursement this Period

250.00
--------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. BARBARA WILLIAMS**

Mailing Address 149 FOUR DIAMOND DT.

City SEVRN DEVILS State NC Zip Code 28604

Purpose of Disbursement  
REFUND OF CONTRIBUTION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2016

Transaction ID : SB28A.I86106

Amount of Each Disbursement this Period

250.00
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☐ Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1500.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 2066 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. RYAN WILSON**Mailing Address 1202 S. WASHINGTON ST.  
APT. #302

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
REFUND OF CONTRIBUTION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		02		2016

**Transaction ID : SB28A.I86159**

Amount of Each Disbursement this Period

1.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. RYAN WILSON**Mailing Address 1202 S. WASHINGTON ST.  
APT. #302

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
REFUND OF CONTRIBUTION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		02		2016

**Transaction ID : SB28A.I86160**

Amount of Each Disbursement this Period

1.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. RYAN WILSON**Mailing Address 1202 S. WASHINGTON ST.  
APT. #302

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
REFUND OF CONTRIBUTION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		02		2016

**Transaction ID : SB28A.I86161**

Amount of Each Disbursement this Period

1.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 2067 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. RYAN WILSON**Mailing Address 1202 S. WASHINGTON ST.  
APT. #302

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
REFUND OF CONTRIBUTION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		02		2016

**Transaction ID : SB28A.I86162**

Amount of Each Disbursement this Period

1.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. RYAN WILSON**Mailing Address 1202 S. WASHINGTON ST.  
APT. #302

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
REFUND OF CONTRIBUTION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		02		2016

**Transaction ID : SB28A.I86163**

Amount of Each Disbursement this Period

1.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. RYAN WILSON**Mailing Address 1202 S. WASHINGTON ST.  
APT. #302

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
REFUND OF CONTRIBUTION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		02		2016

**Transaction ID : SB28A.I86164**

Amount of Each Disbursement this Period

1.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. RYAN WILSON**Mailing Address 1202 S. WASHINGTON ST.  
APT. #302

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
REFUND OF CONTRIBUTION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		02		2016

**Transaction ID : SB28A.I86165**

Amount of Each Disbursement this Period

1.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. RYAN WILSON**Mailing Address 1202 S. WASHINGTON ST.  
APT. #302

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
REFUND OF CONTRIBUTION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		02		2016

**Transaction ID : SB28A.I86166**

Amount of Each Disbursement this Period

1.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. RYAN WILSON**Mailing Address 1202 S. WASHINGTON ST.  
APT. #302

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
REFUND OF CONTRIBUTION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		02		2016

**Transaction ID : SB28A.I86167**

Amount of Each Disbursement this Period

1.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 2069 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. RYAN WILSON**Mailing Address 1202 S. WASHINGTON ST.  
APT. #302

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
REFUND OF CONTRIBUTION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		02		2016

**Transaction ID : SB28A.I86168**

Amount of Each Disbursement this Period

1.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. RYAN WILSON**Mailing Address 1202 S. WASHINGTON ST.  
APT. #302

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
REFUND OF CONTRIBUTION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		02		2016

**Transaction ID : SB28A.I86169**

Amount of Each Disbursement this Period

1.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. RYAN WILSON**Mailing Address 1202 S. WASHINGTON ST.  
APT. #302

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
REFUND OF CONTRIBUTION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		02		2016

**Transaction ID : SB28A.I86170**

Amount of Each Disbursement this Period

1.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 2070 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. RYAN WILSON**Mailing Address 1202 S. WASHINGTON ST.  
APT. #302

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
REFUND OF CONTRIBUTION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		02		2016

**Transaction ID : SB28A.I86171**

Amount of Each Disbursement this Period

1.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. RYAN WILSON**Mailing Address 1202 S. WASHINGTON ST.  
APT. #302

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
REFUND OF CONTRIBUTION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		02		2016

**Transaction ID : SB28A.I86172**

Amount of Each Disbursement this Period

1.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. RYAN WILSON**Mailing Address 1202 S. WASHINGTON ST.  
APT. #302

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
REFUND OF CONTRIBUTION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		02		2016

**Transaction ID : SB28A.I86173**

Amount of Each Disbursement this Period

1.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 2071 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. RYAN WILSON**Mailing Address 1202 S. WASHINGTON ST.  
APT. #302

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
REFUND OF CONTRIBUTION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		02		2016

**Transaction ID : SB28A.I86174**

Amount of Each Disbursement this Period

1.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. RYAN WILSON**Mailing Address 1202 S. WASHINGTON ST.  
APT. #302

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
REFUND OF CONTRIBUTION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		02		2016

**Transaction ID : SB28A.I86175**

Amount of Each Disbursement this Period

1.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. RYAN WILSON**Mailing Address 1202 S. WASHINGTON ST.  
APT. #302

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
REFUND OF CONTRIBUTION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		02		2016

**Transaction ID : SB28A.I86176**

Amount of Each Disbursement this Period

1.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. RYAN WILSON**Mailing Address 1202 S. WASHINGTON ST.  
APT. #302

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
REFUND OF CONTRIBUTION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		02		2016

Transaction ID : SB28A.I86177

Amount of Each Disbursement this Period

1.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. RYAN WILSON**Mailing Address 1202 S. WASHINGTON ST.  
APT. #302

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
REFUND OF CONTRIBUTION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		02		2016

Transaction ID : SB28A.I86178

Amount of Each Disbursement this Period

1.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. RYAN WILSON**Mailing Address 1202 S. WASHINGTON ST.  
APT. #302

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
REFUND OF CONTRIBUTION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		02		2016

Transaction ID : SB28A.I86179

Amount of Each Disbursement this Period

1.00
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☐ Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

3.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 2073 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. RYAN WILSON**Mailing Address 1202 S. WASHINGTON ST.  
APT. #302

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
REFUND OF CONTRIBUTION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		02		2016

**Transaction ID : SB28A.I86180**

Amount of Each Disbursement this Period

1.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. RYAN WILSON**Mailing Address 1202 S. WASHINGTON ST.  
APT. #302

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
REFUND OF CONTRIBUTION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		02		2016

**Transaction ID : SB28A.I86181**

Amount of Each Disbursement this Period

1.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. RYAN WILSON**Mailing Address 1202 S. WASHINGTON ST.  
APT. #302

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
REFUND OF CONTRIBUTION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		02		2016

**Transaction ID : SB28A.I86182**

Amount of Each Disbursement this Period

1.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 2074 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. RYAN WILSON**Mailing Address 1202 S. WASHINGTON ST.  
APT. #302

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
REFUND OF CONTRIBUTION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		02		2016

**Transaction ID : SB28A.I86183**

Amount of Each Disbursement this Period

1.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. RYAN WILSON**Mailing Address 1202 S. WASHINGTON ST.  
APT. #302

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
REFUND OF CONTRIBUTION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		03		2016

**Transaction ID : SB28A.I86184**

Amount of Each Disbursement this Period

1.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. RYAN WILSON**Mailing Address 1202 S. WASHINGTON ST.  
APT. #302

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
REFUND OF CONTRIBUTION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		03		2016

**Transaction ID : SB28A.I86185**

Amount of Each Disbursement this Period

1.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 2075 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. RYAN WILSON**Mailing Address 1202 S. WASHINGTON ST.  
APT. #302

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
REFUND OF CONTRIBUTION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		03		2016

**Transaction ID : SB28A.I86186**

Amount of Each Disbursement this Period

1.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. RYAN WILSON**Mailing Address 1202 S. WASHINGTON ST.  
APT. #302

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
REFUND OF CONTRIBUTION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		03		2016

**Transaction ID : SB28A.I86187**

Amount of Each Disbursement this Period

1.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. RYAN WILSON**Mailing Address 1202 S. WASHINGTON ST.  
APT. #302

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
REFUND OF CONTRIBUTION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		03		2016

**Transaction ID : SB28A.I86188**

Amount of Each Disbursement this Period

1.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 2076 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. RYAN WILSON**Mailing Address 1202 S. WASHINGTON ST.  
APT. #302

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
REFUND OF CONTRIBUTION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		03		2016

**Transaction ID : SB28A.I86189**

Amount of Each Disbursement this Period

1.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. RYAN WILSON**Mailing Address 1202 S. WASHINGTON ST.  
APT. #302

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
REFUND OF CONTRIBUTION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		03		2016

**Transaction ID : SB28A.I86190**

Amount of Each Disbursement this Period

1.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. RYAN WILSON**Mailing Address 1202 S. WASHINGTON ST.  
APT. #302

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
REFUND OF CONTRIBUTION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		03		2016

**Transaction ID : SB28A.I86191**

Amount of Each Disbursement this Period

1.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 2077 OF 2173

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<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. RYAN WILSON**Mailing Address 1202 S. WASHINGTON ST.  
APT. #302

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
REFUND OF CONTRIBUTION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		03		2016

**Transaction ID : SB28A.I86192**

Amount of Each Disbursement this Period

1.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. RYAN WILSON**Mailing Address 1202 S. WASHINGTON ST.  
APT. #302

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
REFUND OF CONTRIBUTION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		03		2016

**Transaction ID : SB28A.I86193**

Amount of Each Disbursement this Period

1.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. RYAN WILSON**Mailing Address 1202 S. WASHINGTON ST.  
APT. #302

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
REFUND OF CONTRIBUTION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		03		2016

**Transaction ID : SB28A.I86194**

Amount of Each Disbursement this Period

1.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 2078 OF 2173

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<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. RYAN WILSON**Mailing Address 1202 S. WASHINGTON ST.  
APT. #302

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
REFUND OF CONTRIBUTION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		03		2016

**Transaction ID : SB28A.I86195**

Amount of Each Disbursement this Period

1.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. RYAN WILSON**Mailing Address 1202 S. WASHINGTON ST.  
APT. #302

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
REFUND OF CONTRIBUTION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		03		2016

**Transaction ID : SB28A.I86196**

Amount of Each Disbursement this Period

1.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. RYAN WILSON**Mailing Address 1202 S. WASHINGTON ST.  
APT. #302

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
REFUND OF CONTRIBUTION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		03		2016

**Transaction ID : SB28A.I86197**

Amount of Each Disbursement this Period

1.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 2079 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. RYAN WILSON**Mailing Address 1202 S. WASHINGTON ST.  
APT. #302

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
REFUND OF CONTRIBUTION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		03		2016

**Transaction ID : SB28A.I86198**

Amount of Each Disbursement this Period

1.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. RYAN WILSON**Mailing Address 1202 S. WASHINGTON ST.  
APT. #302

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
REFUND OF CONTRIBUTION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		03		2016

**Transaction ID : SB28A.I86199**

Amount of Each Disbursement this Period

1.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. RYAN WILSON**Mailing Address 1202 S. WASHINGTON ST.  
APT. #302

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
REFUND OF CONTRIBUTION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		03		2016

**Transaction ID : SB28A.I86200**

Amount of Each Disbursement this Period

1.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 2080 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. RYAN WILSON**Mailing Address 1202 S. WASHINGTON ST.  
APT. #302

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
REFUND OF CONTRIBUTION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		03		2016

Transaction ID : SB28A.I86201

Amount of Each Disbursement this Period

1.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. RYAN WILSON**Mailing Address 1202 S. WASHINGTON ST.  
APT. #302

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
REFUND OF CONTRIBUTION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		03		2016

Transaction ID : SB28A.I86202

Amount of Each Disbursement this Period

1.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. RYAN WILSON**Mailing Address 1202 S. WASHINGTON ST.  
APT. #302

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
REFUND OF CONTRIBUTION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		03		2016

Transaction ID : SB28A.I86203

Amount of Each Disbursement this Period

1.00
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☐ Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

3.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 2081 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. RYAN WILSON**Mailing Address 1202 S. WASHINGTON ST.  
APT. #302

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
REFUND OF CONTRIBUTION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		03		2016

Transaction ID : SB28A.I86204

Amount of Each Disbursement this Period

1.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. RYAN WILSON**Mailing Address 1202 S. WASHINGTON ST.  
APT. #302

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
REFUND OF CONTRIBUTION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		03		2016

Transaction ID : SB28A.I86205

Amount of Each Disbursement this Period

1.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. RYAN WILSON**Mailing Address 1202 S. WASHINGTON ST.  
APT. #302

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
REFUND OF CONTRIBUTION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		03		2016

Transaction ID : SB28A.I86206

Amount of Each Disbursement this Period

1.00
------

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

3.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 2082 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. RYAN WILSON**Mailing Address 1202 S. WASHINGTON ST.  
APT. #302

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
REFUND OF CONTRIBUTION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
06 03 2016

Transaction ID : SB28A.I86207

Amount of Each Disbursement this Period

1.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. RYAN WILSON**Mailing Address 1202 S. WASHINGTON ST.  
APT. #302

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
REFUND OF CONTRIBUTION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
06 09 2016

Transaction ID : SB28A.I86208

Amount of Each Disbursement this Period

1.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. RYAN WILSON**Mailing Address 1202 S. WASHINGTON ST.  
APT. #302

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
REFUND OF CONTRIBUTION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
06 13 2016

Transaction ID : SB28A.I86209

Amount of Each Disbursement this Period

1.00

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

3.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 2083 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
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Full Name (Last, First, Middle Initial)

**A. RYAN WILSON**Mailing Address 1202 S. WASHINGTON ST.  
APT. #302

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
REFUND OF CONTRIBUTION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		13		2016

**Transaction ID : SB28A.I86210**

Amount of Each Disbursement this Period

1.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. RYAN WILSON**Mailing Address 1202 S. WASHINGTON ST.  
APT. #302

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
REFUND OF CONTRIBUTION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		13		2016

**Transaction ID : SB28A.I86211**

Amount of Each Disbursement this Period

1.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. RYAN WILSON**Mailing Address 1202 S. WASHINGTON ST.  
APT. #302

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
REFUND OF CONTRIBUTION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		13		2016

**Transaction ID : SB28A.I86212**

Amount of Each Disbursement this Period

1.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 2084 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. RYAN WILSON**Mailing Address 1202 S. WASHINGTON ST.  
APT. #302

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
REFUND OF CONTRIBUTION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		14		2016

**Transaction ID : SB28A.I86214**

Amount of Each Disbursement this Period

1.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. RYAN WILSON**Mailing Address 1202 S. WASHINGTON ST.  
APT. #302

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
REFUND OF CONTRIBUTION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		23		2016

**Transaction ID : SB28A.I86257**

Amount of Each Disbursement this Period

1.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. RYAN WILSON**Mailing Address 1202 S. WASHINGTON ST.  
APT. #302

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
REFUND OF CONTRIBUTION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		23		2016

**Transaction ID : SB28A.I86258**

Amount of Each Disbursement this Period

1.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 2085 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. RYAN WILSON**Mailing Address 1202 S. WASHINGTON ST.  
APT. #302

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
REFUND OF CONTRIBUTION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		23		2016

Transaction ID : SB28A.I86259

Amount of Each Disbursement this Period

1.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. RYAN WILSON**Mailing Address 1202 S. WASHINGTON ST.  
APT. #302

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
REFUND OF CONTRIBUTION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		23		2016

Transaction ID : SB28A.I86260

Amount of Each Disbursement this Period

1.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. RYAN WILSON**Mailing Address 1202 S. WASHINGTON ST.  
APT. #302

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
REFUND OF CONTRIBUTION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		23		2016

Transaction ID : SB28A.I86261

Amount of Each Disbursement this Period

1.00
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☐ Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

3.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 2086 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. RYAN WILSON**Mailing Address 1202 S. WASHINGTON ST.  
APT. #302

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
REFUND OF CONTRIBUTION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		23		2016

**Transaction ID : SB28A.I86262**

Amount of Each Disbursement this Period

1.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. RYAN WILSON**Mailing Address 1202 S. WASHINGTON ST.  
APT. #302

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
REFUND OF CONTRIBUTION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		23		2016

**Transaction ID : SB28A.I86263**

Amount of Each Disbursement this Period

1.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. RYAN WILSON**Mailing Address 1202 S. WASHINGTON ST.  
APT. #302

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
REFUND OF CONTRIBUTION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		23		2016

**Transaction ID : SB28A.I86264**

Amount of Each Disbursement this Period

1.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. RYAN WILSON**Mailing Address 1202 S. WASHINGTON ST.  
APT. #302

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
REFUND OF CONTRIBUTION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		28		2016

Transaction ID : SB28A.I86265

Amount of Each Disbursement this Period

1.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. RYAN WILSON**Mailing Address 1202 S. WASHINGTON ST.  
APT. #302

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
REFUND OF CONTRIBUTION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		29		2016

Transaction ID : SB28A.I86266

Amount of Each Disbursement this Period

1.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. RYAN WILSON**Mailing Address 1202 S. WASHINGTON ST.  
APT. #302

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
REFUND OF CONTRIBUTION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		29		2016

Transaction ID : SB28A.I86267

Amount of Each Disbursement this Period

1.00
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☐ Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

3.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 2088 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. RYAN WILSON**Mailing Address 1202 S. WASHINGTON ST.  
APT. #302

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
REFUND OF CONTRIBUTION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		29		2016

**Transaction ID : SB28A.I86268**

Amount of Each Disbursement this Period

1.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. RYAN WILSON**Mailing Address 1202 S. WASHINGTON ST.  
APT. #302

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
REFUND OF CONTRIBUTION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		29		2016

**Transaction ID : SB28A.I86269**

Amount of Each Disbursement this Period

1.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. RYAN WILSON**Mailing Address 1202 S. WASHINGTON ST.  
APT. #302

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
REFUND OF CONTRIBUTION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		29		2016

**Transaction ID : SB28A.I86270**

Amount of Each Disbursement this Period

1.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 2089 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. RYAN WILSON**Mailing Address 1202 S. WASHINGTON ST.  
APT. #302

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
REFUND OF CONTRIBUTION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		29		2016

**Transaction ID : SB28A.I86271**

Amount of Each Disbursement this Period

1.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. RYAN WILSON**Mailing Address 1202 S. WASHINGTON ST.  
APT. #302

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
REFUND OF CONTRIBUTION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		29		2016

**Transaction ID : SB28A.I86272**

Amount of Each Disbursement this Period

1.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. RYAN WILSON**Mailing Address 1202 S. WASHINGTON ST.  
APT. #302

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
REFUND OF CONTRIBUTION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		29		2016

**Transaction ID : SB28A.I86273**

Amount of Each Disbursement this Period

1.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 2090 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. RYAN WILSON**Mailing Address 1202 S. WASHINGTON ST.  
APT. #302

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
REFUND OF CONTRIBUTION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		29		2016

Transaction ID : SB28A.I86274

Amount of Each Disbursement this Period

1.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. RYAN WILSON**Mailing Address 1202 S. WASHINGTON ST.  
APT. #302

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
REFUND OF CONTRIBUTION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		02		2016

Transaction ID : SB28A.I86275

Amount of Each Disbursement this Period

1.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. RYAN WILSON**Mailing Address 1202 S. WASHINGTON ST.  
APT. #302

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
REFUND OF CONTRIBUTION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		02		2016

Transaction ID : SB28A.I86276

Amount of Each Disbursement this Period

1.00
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☐ Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

3.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 2091 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. RYAN WILSON**Mailing Address 1202 S. WASHINGTON ST.  
APT. #302

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
REFUND OF CONTRIBUTION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		02		2016

**Transaction ID : SB28A.I86277**

Amount of Each Disbursement this Period

1.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. RYAN WILSON**Mailing Address 1202 S. WASHINGTON ST.  
APT. #302

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
REFUND OF CONTRIBUTION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		02		2016

**Transaction ID : SB28A.I86278**

Amount of Each Disbursement this Period

1.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. RYAN WILSON**Mailing Address 1202 S. WASHINGTON ST.  
APT. #302

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
REFUND OF CONTRIBUTION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		02		2016

**Transaction ID : SB28A.I86279**

Amount of Each Disbursement this Period

1.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 2092 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. RYAN WILSON**Mailing Address 1202 S. WASHINGTON ST.  
APT. #302

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
REFUND OF CONTRIBUTION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		02		2016

**Transaction ID : SB28A.I86280**

Amount of Each Disbursement this Period

1.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. RYAN WILSON**Mailing Address 1202 S. WASHINGTON ST.  
APT. #302

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
REFUND OF CONTRIBUTION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		02		2016

**Transaction ID : SB28A.I86281**

Amount of Each Disbursement this Period

1.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. RYAN WILSON**Mailing Address 1202 S. WASHINGTON ST.  
APT. #302

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
REFUND OF CONTRIBUTION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		02		2016

**Transaction ID : SB28A.I86282**

Amount of Each Disbursement this Period

1.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 2093 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. RYAN WILSON**Mailing Address 1202 S. WASHINGTON ST.  
APT. #302

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
REFUND OF CONTRIBUTION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		02		2016

**Transaction ID : SB28A.I86283**

Amount of Each Disbursement this Period

1.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. RYAN WILSON**Mailing Address 1202 S. WASHINGTON ST.  
APT. #302

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
REFUND OF CONTRIBUTION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		03		2016

**Transaction ID : SB28A.I86284**

Amount of Each Disbursement this Period

1.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. RYAN WILSON**Mailing Address 1202 S. WASHINGTON ST.  
APT. #302

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
REFUND OF CONTRIBUTION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		03		2016

**Transaction ID : SB28A.I86285**

Amount of Each Disbursement this Period

1.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 2094 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. RYAN WILSON**Mailing Address 1202 S. WASHINGTON ST.  
APT. #302

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
REFUND OF CONTRIBUTION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	06	/	2016

**Transaction ID : SB28A.I86286**

Amount of Each Disbursement this Period

1.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. RYAN WILSON**Mailing Address 1202 S. WASHINGTON ST.  
APT. #302

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
REFUND OF CONTRIBUTION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	06	/	2016

**Transaction ID : SB28A.I86287**

Amount of Each Disbursement this Period

1.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. RYAN WILSON**Mailing Address 1202 S. WASHINGTON ST.  
APT. #302

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
REFUND OF CONTRIBUTION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	06	/	2016

**Transaction ID : SB28A.I86288**

Amount of Each Disbursement this Period

1.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 2095 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. RYAN WILSON**Mailing Address 1202 S. WASHINGTON ST.  
APT. #302

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
REFUND OF CONTRIBUTION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		06		2016

**Transaction ID : SB28A.I86289**

Amount of Each Disbursement this Period

1.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. RYAN WILSON**Mailing Address 1202 S. WASHINGTON ST.  
APT. #302

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
REFUND OF CONTRIBUTION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		07		2016

**Transaction ID : SB28A.I86290**

Amount of Each Disbursement this Period

1.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. RYAN WILSON**Mailing Address 1202 S. WASHINGTON ST.  
APT. #302

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
REFUND OF CONTRIBUTION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		07		2016

**Transaction ID : SB28A.I86291**

Amount of Each Disbursement this Period

1.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 2096 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. RYAN WILSON**Mailing Address 1202 S. WASHINGTON ST.  
APT. #302

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
REFUND OF CONTRIBUTION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		07		2016

**Transaction ID : SB28A.I86292**

Amount of Each Disbursement this Period

1.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. RYAN WILSON**Mailing Address 1202 S. WASHINGTON ST.  
APT. #302

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
REFUND OF CONTRIBUTION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		07		2016

**Transaction ID : SB28A.I86293**

Amount of Each Disbursement this Period

1.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. RYAN WILSON**Mailing Address 1202 S. WASHINGTON ST.  
APT. #302

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
REFUND OF CONTRIBUTION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		07		2016

**Transaction ID : SB28A.I86294**

Amount of Each Disbursement this Period

1.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 2097 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. RYAN WILSON**Mailing Address 1202 S. WASHINGTON ST.  
APT. #302

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
REFUND OF CONTRIBUTION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		07		2016

**Transaction ID : SB28A.I86295**

Amount of Each Disbursement this Period

1.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. RYAN WILSON**Mailing Address 1202 S. WASHINGTON ST.  
APT. #302

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
REFUND OF CONTRIBUTION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		07		2016

**Transaction ID : SB28A.I86296**

Amount of Each Disbursement this Period

1.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. RYAN WILSON**Mailing Address 1202 S. WASHINGTON ST.  
APT. #302

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
REFUND OF CONTRIBUTION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		07		2016

**Transaction ID : SB28A.I86297**

Amount of Each Disbursement this Period

1.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 2098 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. RYAN WILSON**Mailing Address 1202 S. WASHINGTON ST.  
APT. #302

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
REFUND OF CONTRIBUTION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		07		2016

**Transaction ID : SB28A.I86298**

Amount of Each Disbursement this Period

1.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. RYAN WILSON**Mailing Address 1202 S. WASHINGTON ST.  
APT. #302

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
REFUND OF CONTRIBUTION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB28A.I86299**

Amount of Each Disbursement this Period

1.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. RYAN WILSON**Mailing Address 1202 S. WASHINGTON ST.  
APT. #302

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
REFUND OF CONTRIBUTION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB28A.I86300**

Amount of Each Disbursement this Period

1.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 2099 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. RYAN WILSON**Mailing Address 1202 S. WASHINGTON ST.  
APT. #302

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
REFUND OF CONTRIBUTION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB28A.I86301**

Amount of Each Disbursement this Period

1.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. RYAN WILSON**Mailing Address 1202 S. WASHINGTON ST.  
APT. #302

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
REFUND OF CONTRIBUTION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB28A.I86302**

Amount of Each Disbursement this Period

1.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. RYAN WILSON**Mailing Address 1202 S. WASHINGTON ST.  
APT. #302

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
REFUND OF CONTRIBUTION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB28A.I86303**

Amount of Each Disbursement this Period

1.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 2100 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. RYAN WILSON**Mailing Address 1202 S. WASHINGTON ST.  
APT. #302

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
REFUND OF CONTRIBUTION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB28A.I86304**

Amount of Each Disbursement this Period

1.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. RYAN WILSON**Mailing Address 1202 S. WASHINGTON ST.  
APT. #302

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
REFUND OF CONTRIBUTION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB28A.I86305**

Amount of Each Disbursement this Period

1.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. RYAN WILSON**Mailing Address 1202 S. WASHINGTON ST.  
APT. #302

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
REFUND OF CONTRIBUTION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB28A.I86306**

Amount of Each Disbursement this Period

1.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 2101 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. RYAN WILSON**Mailing Address 1202 S. WASHINGTON ST.  
APT. #302

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
REFUND OF CONTRIBUTION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB28A.I86307**

Amount of Each Disbursement this Period

1.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. RYAN WILSON**Mailing Address 1202 S. WASHINGTON ST.  
APT. #302

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
REFUND OF CONTRIBUTION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB28A.I86308**

Amount of Each Disbursement this Period

1.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. RYAN WILSON**Mailing Address 1202 S. WASHINGTON ST.  
APT. #302

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
REFUND OF CONTRIBUTION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB28A.I86309**

Amount of Each Disbursement this Period

1.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 2102 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. RYAN WILSON**Mailing Address 1202 S. WASHINGTON ST.  
APT. #302

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
REFUND OF CONTRIBUTION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB28A.I86310**

Amount of Each Disbursement this Period

1.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. RYAN WILSON**Mailing Address 1202 S. WASHINGTON ST.  
APT. #302

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
REFUND OF CONTRIBUTION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB28A.I86311**

Amount of Each Disbursement this Period

1.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. RYAN WILSON**Mailing Address 1202 S. WASHINGTON ST.  
APT. #302

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
REFUND OF CONTRIBUTION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB28A.I86312**

Amount of Each Disbursement this Period

1.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. RYAN WILSON**Mailing Address 1202 S. WASHINGTON ST.  
APT. #302

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
REFUND OF CONTRIBUTION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB28A.I86321**

Amount of Each Disbursement this Period

1.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. RYAN WILSON**Mailing Address 1202 S. WASHINGTON ST.  
APT. #302

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
REFUND OF CONTRIBUTION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

**Transaction ID : SB28A.I86322**

Amount of Each Disbursement this Period

1.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. RYAN WILSON**Mailing Address 1202 S. WASHINGTON ST.  
APT. #302

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
REFUND OF CONTRIBUTION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		09		2016

**Transaction ID : SB28A.I86323**

Amount of Each Disbursement this Period

1.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 2104 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. RYAN WILSON**Mailing Address 1202 S. WASHINGTON ST.  
APT. #302

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
REFUND OF CONTRIBUTION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		09		2016

**Transaction ID : SB28A.I86324**

Amount of Each Disbursement this Period

1.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. RYAN WILSON**Mailing Address 1202 S. WASHINGTON ST.  
APT. #302

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
REFUND OF CONTRIBUTION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		09		2016

**Transaction ID : SB28A.I86325**

Amount of Each Disbursement this Period

1.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. RYAN WILSON**Mailing Address 1202 S. WASHINGTON ST.  
APT. #302

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
REFUND OF CONTRIBUTION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		09		2016

**Transaction ID : SB28A.I86326**

Amount of Each Disbursement this Period

1.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 2105 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. RYAN WILSON**Mailing Address 1202 S. WASHINGTON ST.  
APT. #302

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
REFUND OF CONTRIBUTION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		09		2016

Transaction ID : SB28A.I86327

Amount of Each Disbursement this Period

1.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. RYAN WILSON**Mailing Address 1202 S. WASHINGTON ST.  
APT. #302

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
REFUND OF CONTRIBUTION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		09		2016

Transaction ID : SB28A.I86328

Amount of Each Disbursement this Period

1.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. RYAN WILSON**Mailing Address 1202 S. WASHINGTON ST.  
APT. #302

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
REFUND OF CONTRIBUTION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		09		2016

Transaction ID : SB28A.I86329

Amount of Each Disbursement this Period

1.00
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☐ Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

3.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 2106 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. RYAN WILSON**Mailing Address 1202 S. WASHINGTON ST.  
APT. #302

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
REFUND OF CONTRIBUTION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		23		2016

**Transaction ID : SB28A.I86382**

Amount of Each Disbursement this Period

1.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. RYAN WILSON**Mailing Address 1202 S. WASHINGTON ST.  
APT. #302

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
REFUND OF CONTRIBUTION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

**Transaction ID : SB28A.I86384**

Amount of Each Disbursement this Period

1.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. RYAN WILSON**Mailing Address 1202 S. WASHINGTON ST.  
APT. #302

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
REFUND OF CONTRIBUTION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

**Transaction ID : SB28A.I86386**

Amount of Each Disbursement this Period

1.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 2107 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. RYAN WILSON**Mailing Address 1202 S. WASHINGTON ST.  
APT. #302

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
REFUND OF CONTRIBUTION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

**Transaction ID : SB28A.I86388**

Amount of Each Disbursement this Period

1.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. RYAN WILSON**Mailing Address 1202 S. WASHINGTON ST.  
APT. #302

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
REFUND OF CONTRIBUTION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

**Transaction ID : SB28A.I86389**

Amount of Each Disbursement this Period

1.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. RYAN WILSON**Mailing Address 1202 S. WASHINGTON ST.  
APT. #302

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
REFUND OF CONTRIBUTION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

**Transaction ID : SB28A.I86390**

Amount of Each Disbursement this Period

1.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 2108 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. RYAN WILSON**Mailing Address 1202 S. WASHINGTON ST.  
APT. #302

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
REFUND OF CONTRIBUTION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

**Transaction ID : SB28A.I86391**

Amount of Each Disbursement this Period

1.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. RYAN WILSON**Mailing Address 1202 S. WASHINGTON ST.  
APT. #302

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
REFUND OF CONTRIBUTION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		27		2016

**Transaction ID : SB28A.I86392**

Amount of Each Disbursement this Period

1.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. RYAN WILSON**Mailing Address 1202 S. WASHINGTON ST.  
APT. #302

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
REFUND OF CONTRIBUTION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		27		2016

**Transaction ID : SB28A.I86393**

Amount of Each Disbursement this Period

1.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 2109 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. RYAN WILSON**Mailing Address 1202 S. WASHINGTON ST.  
APT. #302

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
REFUND OF CONTRIBUTION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		27		2016

**Transaction ID : SB28A.I86394**

Amount of Each Disbursement this Period

1.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. RYAN WILSON**Mailing Address 1202 S. WASHINGTON ST.  
APT. #302

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
REFUND OF CONTRIBUTION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		27		2016

**Transaction ID : SB28A.I86395**

Amount of Each Disbursement this Period

1.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. RYAN WILSON**Mailing Address 1202 S. WASHINGTON ST.  
APT. #302

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
REFUND OF CONTRIBUTION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		27		2016

**Transaction ID : SB28A.I86396**

Amount of Each Disbursement this Period

1.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 2110 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. RYAN WILSON**Mailing Address 1202 S. WASHINGTON ST.  
APT. #302

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
REFUND OF CONTRIBUTION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		28		2016

Transaction ID : SB28A.I86397

Amount of Each Disbursement this Period

1.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. RYAN WILSON**Mailing Address 1202 S. WASHINGTON ST.  
APT. #302

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
REFUND OF CONTRIBUTION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		28		2016

Transaction ID : SB28A.I86398

Amount of Each Disbursement this Period

1.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. RYAN WILSON**Mailing Address 1202 S. WASHINGTON ST.  
APT. #302

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
REFUND OF CONTRIBUTION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		28		2016

Transaction ID : SB28A.I86399

Amount of Each Disbursement this Period

1.00
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☐ Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

3.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 2111 OF 2173

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<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. RYAN WILSON**Mailing Address 1202 S. WASHINGTON ST.  
APT. #302

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
REFUND OF CONTRIBUTION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		28		2016

**Transaction ID : SB28A.I86401**

Amount of Each Disbursement this Period

1.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. RYAN WILSON**Mailing Address 1202 S. WASHINGTON ST.  
APT. #302

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
REFUND OF CONTRIBUTION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		28		2016

**Transaction ID : SB28A.I86402**

Amount of Each Disbursement this Period

1.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. RYAN WILSON**Mailing Address 1202 S. WASHINGTON ST.  
APT. #302

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
REFUND OF CONTRIBUTION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		28		2016

**Transaction ID : SB28A.I86403**

Amount of Each Disbursement this Period

1.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 2112 OF 2173

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<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. RYAN WILSON**Mailing Address 1202 S. WASHINGTON ST.  
APT. #302

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
REFUND OF CONTRIBUTION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		28		2016

**Transaction ID : SB28A.I86404**

Amount of Each Disbursement this Period

1.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. RYAN WILSON**Mailing Address 1202 S. WASHINGTON ST.  
APT. #302

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
REFUND OF CONTRIBUTION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		28		2016

**Transaction ID : SB28A.I86405**

Amount of Each Disbursement this Period

1.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. RYAN WILSON**Mailing Address 1202 S. WASHINGTON ST.  
APT. #302

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
REFUND OF CONTRIBUTION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		28		2016

**Transaction ID : SB28A.I86406**

Amount of Each Disbursement this Period

1.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 2113 OF 2173

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<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. RYAN WILSON**Mailing Address 1202 S. WASHINGTON ST.  
APT. #302

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
REFUND OF CONTRIBUTION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		28		2016

**Transaction ID : SB28A.I86407**

Amount of Each Disbursement this Period

1.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. RYAN WILSON**Mailing Address 1202 S. WASHINGTON ST.  
APT. #302

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
REFUND OF CONTRIBUTION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		28		2016

**Transaction ID : SB28A.I86408**

Amount of Each Disbursement this Period

1.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. RYAN WILSON**Mailing Address 1202 S. WASHINGTON ST.  
APT. #302

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
REFUND OF CONTRIBUTION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		28		2016

**Transaction ID : SB28A.I86409**

Amount of Each Disbursement this Period

1.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 2114 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. RYAN WILSON**Mailing Address 1202 S. WASHINGTON ST.  
APT. #302

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
REFUND OF CONTRIBUTION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		28		2016

**Transaction ID : SB28A.I86410**

Amount of Each Disbursement this Period

1.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. RYAN WILSON**Mailing Address 1202 S. WASHINGTON ST.  
APT. #302

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
REFUND OF CONTRIBUTION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		28		2016

**Transaction ID : SB28A.I86411**

Amount of Each Disbursement this Period

1.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. RYAN WILSON**Mailing Address 1202 S. WASHINGTON ST.  
APT. #302

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
REFUND OF CONTRIBUTION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		28		2016

**Transaction ID : SB28A.I86412**

Amount of Each Disbursement this Period

1.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 2115 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. RYAN WILSON**Mailing Address 1202 S. WASHINGTON ST.  
APT. #302

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
REFUND OF CONTRIBUTION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		28		2016

**Transaction ID : SB28A.I86413**

Amount of Each Disbursement this Period

1.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. RYAN WILSON**Mailing Address 1202 S. WASHINGTON ST.  
APT. #302

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
REFUND OF CONTRIBUTION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		28		2016

**Transaction ID : SB28A.I86414**

Amount of Each Disbursement this Period

1.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. RYAN WILSON**Mailing Address 1202 S. WASHINGTON ST.  
APT. #302

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
REFUND OF CONTRIBUTION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		28		2016

**Transaction ID : SB28A.I86415**

Amount of Each Disbursement this Period

1.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 2116 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. RYAN WILSON**Mailing Address 1202 S. WASHINGTON ST.  
APT. #302

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
REFUND OF CONTRIBUTION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		28		2016

Transaction ID : SB28A.I86416

Amount of Each Disbursement this Period

1.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. RYAN WILSON**Mailing Address 1202 S. WASHINGTON ST.  
APT. #302

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
REFUND OF CONTRIBUTION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		28		2016

Transaction ID : SB28A.I86417

Amount of Each Disbursement this Period

1.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. RYAN WILSON**Mailing Address 1202 S. WASHINGTON ST.  
APT. #302

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
REFUND OF CONTRIBUTION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		28		2016

Transaction ID : SB28A.I86418

Amount of Each Disbursement this Period

1.00
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☐ Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

3.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 2117 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. RYAN WILSON**Mailing Address 1202 S. WASHINGTON ST.  
APT. #302

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
REFUND OF CONTRIBUTION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		28		2016

Transaction ID : SB28A.I86419

Amount of Each Disbursement this Period

1.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. RYAN WILSON**Mailing Address 1202 S. WASHINGTON ST.  
APT. #302

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
REFUND OF CONTRIBUTION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		28		2016

Transaction ID : SB28A.I86420

Amount of Each Disbursement this Period

1.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. RYAN WILSON**Mailing Address 1202 S. WASHINGTON ST.  
APT. #302

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
REFUND OF CONTRIBUTION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		28		2016

Transaction ID : SB28A.I86421

Amount of Each Disbursement this Period

1.00
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☐ Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

3.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 2118 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. RYAN WILSON**Mailing Address 1202 S. WASHINGTON ST.  
APT. #302

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
REFUND OF CONTRIBUTION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		29		2016

**Transaction ID : SB28A.I86422**

Amount of Each Disbursement this Period

1.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. RYAN WILSON**Mailing Address 1202 S. WASHINGTON ST.  
APT. #302

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
REFUND OF CONTRIBUTION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		29		2016

**Transaction ID : SB28A.I86423**

Amount of Each Disbursement this Period

1.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. RYAN WILSON**Mailing Address 1202 S. WASHINGTON ST.  
APT. #302

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
REFUND OF CONTRIBUTION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		29		2016

**Transaction ID : SB28A.I86424**

Amount of Each Disbursement this Period

1.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 2119 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. RYAN WILSON**Mailing Address 1202 S. WASHINGTON ST.  
APT. #302

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
REFUND OF CONTRIBUTION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		29		2016

**Transaction ID : SB28A.I86425**

Amount of Each Disbursement this Period

1.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. RYAN WILSON**Mailing Address 1202 S. WASHINGTON ST.  
APT. #302

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
REFUND OF CONTRIBUTION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		29		2016

**Transaction ID : SB28A.I86426**

Amount of Each Disbursement this Period

1.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. RYAN WILSON**Mailing Address 1202 S. WASHINGTON ST.  
APT. #302

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
REFUND OF CONTRIBUTION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		29		2016

**Transaction ID : SB28A.I86428**

Amount of Each Disbursement this Period

1.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

3.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 2120 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. RYAN WILSON**Mailing Address 1202 S. WASHINGTON ST.  
APT. #302

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
REFUND OF CONTRIBUTION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		29		2016

**Transaction ID : SB28A.I86429**

Amount of Each Disbursement this Period

1.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. RYAN WILSON**Mailing Address 1202 S. WASHINGTON ST.  
APT. #302

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
REFUND OF CONTRIBUTION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2016

**Transaction ID : SB28A.I86430**

Amount of Each Disbursement this Period

1.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. RYAN WILSON**Mailing Address 1202 S. WASHINGTON ST.  
APT. #302

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
REFUND OF CONTRIBUTION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2016

**Transaction ID : SB28A.I86431**

Amount of Each Disbursement this Period

1.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 2121 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. RYAN WILSON**Mailing Address 1202 S. WASHINGTON ST.  
APT. #302

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
REFUND OF CONTRIBUTION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2016

**Transaction ID : SB28A.I86432**

Amount of Each Disbursement this Period

1.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. RYAN WILSON**Mailing Address 1202 S. WASHINGTON ST.  
APT. #302

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
REFUND OF CONTRIBUTION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2016

**Transaction ID : SB28A.I86433**

Amount of Each Disbursement this Period

1.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. RYAN WILSON**Mailing Address 1202 S. WASHINGTON ST.  
APT. #302

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
REFUND OF CONTRIBUTION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2016

**Transaction ID : SB28A.I86434**

Amount of Each Disbursement this Period

1.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 2122 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. RYAN WILSON**Mailing Address 1202 S. WASHINGTON ST.  
APT. #302

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
REFUND OF CONTRIBUTION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2016

**Transaction ID : SB28A.I86436**

Amount of Each Disbursement this Period

1.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. RYAN WILSON**Mailing Address 1202 S. WASHINGTON ST.  
APT. #302

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
REFUND OF CONTRIBUTION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2016

**Transaction ID : SB28A.I86437**

Amount of Each Disbursement this Period

1.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. RYAN WILSON**Mailing Address 1202 S. WASHINGTON ST.  
APT. #302

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
REFUND OF CONTRIBUTION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2016

**Transaction ID : SB28A.I86438**

Amount of Each Disbursement this Period

1.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 2123 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. RYAN WILSON**Mailing Address 1202 S. WASHINGTON ST.  
APT. #302

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
REFUND OF CONTRIBUTION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2016

**Transaction ID : SB28A.I86439**

Amount of Each Disbursement this Period

1.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. RYAN WILSON**Mailing Address 1202 S. WASHINGTON ST.  
APT. #302

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
REFUND OF CONTRIBUTION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2016

**Transaction ID : SB28A.I86440**

Amount of Each Disbursement this Period

1.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. RYAN WILSON**Mailing Address 1202 S. WASHINGTON ST.  
APT. #302

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
REFUND OF CONTRIBUTION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2016

**Transaction ID : SB28A.I86442**

Amount of Each Disbursement this Period

1.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 2124 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. RYAN WILSON**Mailing Address 1202 S. WASHINGTON ST.  
APT. #302

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
REFUND OF CONTRIBUTION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2016

Transaction ID : SB28A.I86443

Amount of Each Disbursement this Period

1.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. RYAN WILSON**Mailing Address 1202 S. WASHINGTON ST.  
APT. #302

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
REFUND OF CONTRIBUTION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2016

Transaction ID : SB28A.I86444

Amount of Each Disbursement this Period

1.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. RYAN WILSON**Mailing Address 1202 S. WASHINGTON ST.  
APT. #302

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
REFUND OF CONTRIBUTION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2016

Transaction ID : SB28A.I86445

Amount of Each Disbursement this Period

1.00
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☐ Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

3.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 2125 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. RYAN WILSON**Mailing Address 1202 S. WASHINGTON ST.  
APT. #302

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
REFUND OF CONTRIBUTION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2016

**Transaction ID : SB28A.I86446**

Amount of Each Disbursement this Period

1.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. RYAN WILSON**Mailing Address 1202 S. WASHINGTON ST.  
APT. #302

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
REFUND OF CONTRIBUTION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2016

**Transaction ID : SB28A.I86447**

Amount of Each Disbursement this Period

1.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. RYAN WILSON**Mailing Address 1202 S. WASHINGTON ST.  
APT. #302

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
REFUND OF CONTRIBUTION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2016

**Transaction ID : SB28A.I86448**

Amount of Each Disbursement this Period

1.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 2127 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. ERIC BEACH**

Mailing Address 344 E 16TH STREET

City COSTA MESA State CA Zip Code 92627

Purpose of Disbursement  
CAREY ACCT: REIMBURSEMENT (SEE BELOW)

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		20		2016

Transaction ID : SB29.I85101

Amount of Each Disbursement this Period

4026.66
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. ERIC BEACH**

Mailing Address 344 E 16TH STREET

City COSTA MESA State CA Zip Code 92627

Purpose of Disbursement  
CAREY ACCT: TRAVEL EXPENSES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		20		2016

Transaction ID : SB29.I85900

Amount of Each Disbursement this Period

3220.00
---------

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. AMERICAN AIRLINES**Mailing Address 4255 AMON CARTER BLVD  
M.D. 5675

City FORT WORTH State TX Zip Code 76155

Purpose of Disbursement  
CAREY ACCT: AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		20		2016

Transaction ID : SB29.I85102

Amount of Each Disbursement this Period

388.60
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☒ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

4026.66
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 2128 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. SOUTHWEST AIRLINES**

Mailing Address 702 LOVE FIELD DR.

City DALLAS State TX Zip Code 75235

Purpose of Disbursement  
CAREY ACCT: WIFI SERVICE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		17		2016

Transaction ID : SB29.I85099

Amount of Each Disbursement this Period

8.00
------

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. SOUTHWEST AIRLINES**

Mailing Address 702 LOVE FIELD DR.

City DALLAS State TX Zip Code 75235

Purpose of Disbursement  
CAREY ACCT: AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		17		2016

Transaction ID : SB29.I85100

Amount of Each Disbursement this Period

259.98
--------

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. RICHARD LUDWIG**Mailing Address 5500 WILLIAMSBURG LANDING DRIVE  
APT. 220

City WILLIAMSBURG State VA Zip Code 23185

Purpose of Disbursement  
CAREY ACCT: REFUND OF CONTRIBUTION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		23		2016

Transaction ID : SB29.I85878

Amount of Each Disbursement this Period

2500.00
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☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

2500.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 2129 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. FRANK MCDONOUGH**

Mailing Address 420 WINDEMERE DRIVE

City State Zip Code  
STAUNTON VA 24401Purpose of Disbursement  
CAREY ACCT: REFUND OF CONTRIBUTION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		28		2016

Transaction ID : SB29.I85946

Amount of Each Disbursement this Period

250.00
--------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. AMY PASS**

Mailing Address 2016 Stonehurst Dr

City State Zip Code  
Nashville TN 37215Purpose of Disbursement  
CAREY ACCT: REIMBURSEMENT (SEE BELOW)

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		22		2016

Transaction ID : SB29.I85841

Amount of Each Disbursement this Period

4601.49
---------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. AMAZON.COM**

Mailing Address P.O. BOX 81226

City State Zip Code  
SEATTLE WA 98108Purpose of Disbursement  
CAREY ACCT: EVENT HOST GIFT

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

Transaction ID : SB29.I85842

Amount of Each Disbursement this Period

208.47
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☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

4851.49
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	21b		22		23		24		25		26
	27		28a		28b		28c		X 29		30b

NAME OF COMMITTEE (In Full)  
GREAT AMERICA PAC

### A. DELTA AIRLINES

Mailing Address 6000 N TERMINAL PKWY

City	State	Zip Code
ATLANTA	GA	30337

Purpose of Disbursement	CAREY ACCT: AIRFARE
-------------------------	---------------------

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Date of Disbursement

Transaction ID : SB29.I85845

Amount of Each Disbursement this Period

352.10

 Memo Item

Full Name (Last, First, Middle Initial)

## B. DELTA AIRLINES

Mailing Address 6000 N TERMINAL PKWY

City	State	Zip Code
ATLANTA	GA	30337

Purpose of Disbursement	CAREY ACCT: WIFI
-------------------------	------------------

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Date of Disbursement

Transaction ID : SB29.I85847

Amount of Each Disbursement this Period

 Memo Item

Full Name (Last, First, Middle Initial)

### C. FEDEX OFFICE

Mailing Address 10201 UNIVERSITY AVE

City	State	Zip Code
CLIVE	IA	50325

Purpose of Disbursement  
CAREY ACCT: PRINTING

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) ▼		

Date of Disbursement

Transaction ID : SB29.I85853

Amount of Each Disbursement this Period

74.49

 Memo Item

**SUBTOTAL** of Disbursements This Page (optional).....

**TOTAL** This Period (last page this line number only).....

0.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 2131 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. FEDEX OFFICE**

Mailing Address 10201 UNIVERSITY AVE

City CLIVE State IA Zip Code 50325

Purpose of Disbursement  
CAREY ACCT: PRINTING AND OFFICE SUPPLIES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		11		2016

Transaction ID : SB29.I85854

Amount of Each Disbursement this Period

196.72
--------

☒ Memo Item**B. HOTEL CRESCENT COURT**

Full Name (Last, First, Middle Initial)

Mailing Address 400 CRESCENT CT

City DALLAS State TX Zip Code 75201

Purpose of Disbursement  
CAREY ACCT: LODGING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		11		2016

Transaction ID : SB29.I85861

Amount of Each Disbursement this Period

2172.62
---------

☒ Memo Item**C. SOUTHWEST AIRLINES**

Full Name (Last, First, Middle Initial)

Mailing Address 702 LOVE FIELD DR.

City DALLAS State TX Zip Code 75235

Purpose of Disbursement  
CAREY ACCT: AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		15		2016

Transaction ID : SB29.I85844

Amount of Each Disbursement this Period

359.96
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☒ Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

0.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 2132 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. SOUTHWEST AIRLINES**

Mailing Address 702 LOVE FIELD DR.

City DALLAS State TX Zip Code 75235

Purpose of Disbursement  
CAREY ACCT: WIFI

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	15	/	2016

Transaction ID : SB29.I85846

Amount of Each Disbursement this Period

8.00
------

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. SOUTHWEST AIRLINES**

Mailing Address 702 LOVE FIELD DR.

City DALLAS State TX Zip Code 75235

Purpose of Disbursement  
CAREY ACCT: AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	11	/	2016

Transaction ID : SB29.I85855

Amount of Each Disbursement this Period

276.98
--------

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. SOUTHWEST AIRLINES**

Mailing Address 702 LOVE FIELD DR.

City DALLAS State TX Zip Code 75235

Purpose of Disbursement  
CAREY ACCT: AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	12	/	2016

Transaction ID : SB29.I85856

Amount of Each Disbursement this Period

378.98
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☒ Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

0.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 2133 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. SOUTHWEST AIRLINES**

Mailing Address 702 LOVE FIELD DR.

City	State	Zip Code
DALLAS	TX	75235

Purpose of Disbursement  
CAREY ACCT: WIFI

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		11		2016

Transaction ID : SB29.I85862

Amount of Each Disbursement this Period

8.00
------

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. SOUTHWEST AIRLINES**

Mailing Address 702 LOVE FIELD DR.

City	State	Zip Code
DALLAS	TX	75235

Purpose of Disbursement  
CAREY ACCT: WIFI

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		12		2016

Transaction ID : SB29.I85863

Amount of Each Disbursement this Period

8.00
------

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. ALLIANCE STRATEGIES GROUP, LLC**

Mailing Address 7700 CONGRESS AVENUE, SUITE 3115

City	State	Zip Code
BOCA RATON	FL	33487

Purpose of Disbursement  
CAREY ACCT: ONLINE VOTER CONTACT

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		29		2016

Transaction ID : SB29.I85881

Amount of Each Disbursement this Period

1273.00
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☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

1273.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 2134 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. CONNELL DONATELLI, INC**Mailing Address 1415 L ST  
#430City State Zip Code  
SACRAMENTO CA 95814Purpose of Disbursement  
CAREY ACCT: DATA SERVICES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	14	/	2016

Transaction ID : SB29.I85833

Amount of Each Disbursement this Period

1114.59
---------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. CONNELL DONATELLI, INC**Mailing Address 1415 L ST  
#430City State Zip Code  
SACRAMENTO CA 95814Purpose of Disbursement  
CAREY ACCT: DATA SERVICES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	23	/	2016

Transaction ID : SB29.I85875

Amount of Each Disbursement this Period

1114.59
---------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DB CAPITOL STRATEGIES**Mailing Address 203 SOUTH UNION ST  
SUITE 300City State Zip Code  
ALEXANDRIA VA 22314-3356Purpose of Disbursement  
CAREY ACCT: LEGAL AND COMPLIANCE SERVICES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	01	/	2016

Transaction ID : SB29.I85829

Amount of Each Disbursement this Period

18000.00
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☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

20229.18
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 2135 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. DB CAPITOL STRATEGIES**Mailing Address 203 SOUTH UNION ST  
SUITE 300

City ALEXANDRIA State VA Zip Code 22314-3356

Purpose of Disbursement  
CAREY ACCT: REIMBURSEMENT (SEE BELOW)

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2016

Transaction ID : SB29.I85883

Amount of Each Disbursement this Period

1125.46
---------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. CMDI**Mailing Address 1593 SPRING HILL RD  
SUITE 400

City VIENNA State VA Zip Code 22182

Purpose of Disbursement  
CAREY ACCT: COMPLIANCE SOFTWARE FEES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2016

Transaction ID : SB29.I85885

Amount of Each Disbursement this Period

1000.00
---------

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. DEMANDVOICE, LLC**Mailing Address 11555 MEDLOCK BRIDGE RD.  
SUITE 100

City JOHNS CREEK State GA Zip Code 30097

Purpose of Disbursement  
CAREY ACCT: PAYMENT PROCESSING FEES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		01		2016

Transaction ID : SB29.I85826

Amount of Each Disbursement this Period

555.54
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☐ Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1681.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 2136 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. EDONATION**

Mailing Address 117 NORTH SAINT ASAPH ST

City	State	Zip Code
ALEXANDRIA	VA	22314

Purpose of Disbursement  
CAREY ACCT: PAYMENT PROCESSING FEES

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		06		2016

Transaction ID : SB29.I85921

Amount of Each Disbursement this Period

3320.33
---------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. EDONATION**

Mailing Address 117 NORTH SAINT ASAPH ST

City	State	Zip Code
ALEXANDRIA	VA	22314

Purpose of Disbursement  
CAREY ACCT: PAYMENT PROCESSING FEES

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		13		2016

Transaction ID : SB29.I85922

Amount of Each Disbursement this Period

5459.80
---------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. EDONATION**

Mailing Address 117 NORTH SAINT ASAPH ST

City	State	Zip Code
ALEXANDRIA	VA	22314

Purpose of Disbursement  
CAREY ACCT: PAYMENT PROCESSING FEES

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		20		2016

Transaction ID : SB29.I85923

Amount of Each Disbursement this Period

4826.02
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☐ Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

13606.15
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 2137 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. EDONATION**

Mailing Address 117 NORTH SAINT ASAPH ST

City	State	Zip Code
ALEXANDRIA	VA	22314

Purpose of Disbursement  
CAREY ACCT: PAYMENT PROCESSING FEES

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		27		2016

Transaction ID : SB29.I85924

Amount of Each Disbursement this Period

10414.33
----------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. EDONATION**

Mailing Address 117 NORTH SAINT ASAPH ST

City	State	Zip Code
ALEXANDRIA	VA	22314

Purpose of Disbursement  
CAREY ACCT: PAYMENT PROCESSING FEES

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2016

Transaction ID : SB29.I85925

Amount of Each Disbursement this Period

4040.02
---------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. OPINION STRATEGIES, LLC**

Mailing Address 415 PASO CORTO DRIVE

City	State	Zip Code
KEARNEYSVILLE	WV	25430

Purpose of Disbursement  
CAREY ACCT: LIST RENTAL FEES

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		27		2016

Transaction ID : SB29.I85879

Amount of Each Disbursement this Period

18501.41
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☐ Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

32955.76
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 2138 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. PARK AVENUE ASSETS, LLC**Mailing Address 1173A 2ND AVE  
#381

City NEW YORK State NY Zip Code 10065

Purpose of Disbursement  
CAREY ACCT: FUNDRAISING CONSULTING SERVICES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	01	/	2016

**Transaction ID : SB29.I85827**

Amount of Each Disbursement this Period

5000.00
---------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. PARK AVENUE ASSETS, LLC**Mailing Address 1173A 2ND AVE  
#381

City NEW YORK State NY Zip Code 10065

Purpose of Disbursement  
CAREY ACCT: FUNDRAISING CONSULTING SERVICES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	27	/	2016

**Transaction ID : SB29.I85880**

Amount of Each Disbursement this Period

2500.00
---------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. PARK AVENUE ASSETS, LLC**Mailing Address 1173A 2ND AVE  
#381

City NEW YORK State NY Zip Code 10065

Purpose of Disbursement  
CAREY ACCT: FUNDRAISING CONSULTING SERVICES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2016

**Transaction ID : SB29.I85882**

Amount of Each Disbursement this Period

2500.00
---------

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

10000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 2139 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. RAPID RESPONSE TELEVISION LLC**

Mailing Address 4850 WRIGHT ROAD

City STAFFORD State TX Zip Code 77477

Purpose of Disbursement  
CAREY ACCT: SOFTWARE SUBSCRIPTION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		23		2016

Transaction ID : SB29.I85830

Amount of Each Disbursement this Period

1500.00
---------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. REVILY INC.**

Mailing Address 3436 MILLER DR.

City ATLANTA State GA Zip Code 30341

Purpose of Disbursement  
CAREY ACCT: POLLING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		23		2016

Transaction ID : SB29.I85876

Amount of Each Disbursement this Period

9000.00
---------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. SAME DAY PROCESSING**Mailing Address 7300 HUDSON BLVD N  
STE 240

City ST. PAUL State MN Zip Code 55128

Purpose of Disbursement  
CAREY ACCT: CAGING AND PAYMENT PROCESSING FEES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		07		2016

Transaction ID : SB29.I85901

Amount of Each Disbursement this Period

6445.45
---------

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

16945.45
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 2140 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. THE PASS GROUP, LLC**

Mailing Address 2016 STONEHURST DRIVE

City NASHVILLE State TN Zip Code 37215

Purpose of Disbursement  
CAREY ACCT: FUNDRAISING CONSULTING SERVICES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		13		2016

Transaction ID : SB29.I85831

Amount of Each Disbursement this Period

10400.00
----------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. TRANSAXT**Mailing Address 190 MONROE AVENUE NW  
SUITE 500

City GRAND RAPIDS State MI Zip Code 49503

Purpose of Disbursement  
CAREY ACCT: PAYMENT PROCESSING FEES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2016

Transaction ID : SB29.I85943

Amount of Each Disbursement this Period

730.72
--------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. TRANSAXT**Mailing Address 190 MONROE AVENUE NW  
SUITE 500

City GRAND RAPIDS State MI Zip Code 49503

Purpose of Disbursement  
CAREY ACCT: PAYMENT PROCESSING FEES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2016

Transaction ID : SB29.I85944

Amount of Each Disbursement this Period

45.00
-------

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

11175.72
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 2141 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. TRANSAXT**Mailing Address 190 MONROE AVENUE NW  
SUITE 500

City GRAND RAPIDS State MI Zip Code 49503

Purpose of Disbursement  
CAREY ACCT: PAYMENT PROCESSING FEES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2016

Transaction ID : SB29.I85950

Amount of Each Disbursement this Period

455.53
--------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. TRANSAXT**Mailing Address 190 MONROE AVENUE NW  
SUITE 500

City GRAND RAPIDS State MI Zip Code 49503

Purpose of Disbursement  
CAREY ACCT: PAYMENT PROCESSING FEES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2016

Transaction ID : SB29.I85952

Amount of Each Disbursement this Period

11.25
-------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. TRANSAXT**Mailing Address 190 MONROE AVENUE NW  
SUITE 500

City GRAND RAPIDS State MI Zip Code 49503

Purpose of Disbursement  
CAREY ACCT: PAYMENT PROCESSING FEES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2016

Transaction ID : SB29.I85953

Amount of Each Disbursement this Period

105.00
--------

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

571.78

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 2142 OF 2173

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

Full Name (Last, First, Middle Initial)

**A. TRANSAXT**Mailing Address 190 MONROE AVENUE NW  
SUITE 500

City GRAND RAPIDS State MI Zip Code 49503

Purpose of Disbursement  
CAREY ACCT: PAYMENT PROCESSING FEES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2016

Transaction ID : SB29.I85954

Amount of Each Disbursement this Period

45.24
-------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. TRANSAXT**Mailing Address 190 MONROE AVENUE NW  
SUITE 500

City GRAND RAPIDS State MI Zip Code 49503

Purpose of Disbursement  
CAREY ACCT: PAYMENT PROCESSING FEES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2016

Transaction ID : SB29.I86108

Amount of Each Disbursement this Period

4.50
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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☐ Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

49.74
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119865.93
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**SCHEDULE C (FEC Form 3X)****LOANS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 2143 OF 2173

FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)

Transaction ID : SC.83960

GREAT AMERICA PAC

**LOAN SOURCE** Full Name (Last, First, Middle Initial)

Eric Beach

☐ Memo Item

Election:

☐ Primary☐ General☐ Other (specify) ▼

Carey Acct: Loan

Mailing Address 344 E 16th Street

City Costa Mesa

State CA

ZIP Code 92627

Original Amount of Loan

50000.00

Cumulative Payment To Date

50000.00

Balance Outstanding at Close of This Period

0.00

**TERMS**

Date Incurred

M M / D D / Y Y Y Y  
04 / 21 / 2016

Date Due

M M / D D / Y Y Y Y

On Demand

Interest Rate

0.00

% (apr)

Secured:

☐ Yes☒ 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:**SUBTOTALS** This Period This Page (optional)..... ►

0.00

**TOTALS** This Period (last page in this line 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 (FEC Form 3X)****LOANS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 2144 OF 2173

FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)

Transaction ID : SC.83191

**GREAT AMERICA PAC****LOAN SOURCE** Full Name (Last, First, Middle Initial)☐ Memo Item

Election:

GOLDENWEST DIAMOND CORPORATION

☐ Primary

CAREY ACCOUNT LOAN

☐ General

Mailing Address 15732 TUSTIN VILLAGE WAY

☐ Other (specify) ▼

City TUSTIN

State CA

ZIP Code 92780-4924

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

250000.00

0.00

250000.00

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

M M M / D D D / Y Y Y Y Y Y  
03 / 17 / 2016

M M M / D D D / Y Y Y Y Y Y

on demand

0.00

% (apr)

☐ Yes☒ 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:**SUBTOTALS** This Period This Page (optional)..... ►

250000.00

**TOTALS** This Period (last page in this line only)..... ►

250000.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.



**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 2145 OF 2173

FOR LINE NUMBER:  
(check only one)
☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Alliance Strategies Group, LLC**Nature of Debt (Purpose):  
Online Voter ContactMailing Address 7700 South West St  
Ste 826
City State Zip Code  
Alexandria VA 22314

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD.103

Amount Incurred This Period

990.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

990.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**MediaDC**Nature of Debt (Purpose):  
Online Voter ContactMailing Address 203 S Union St  
#300
City State Zip Code  
Alexandria VA 22314

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD.104

Amount Incurred This Period

715.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

715.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Opinion Strategies**Nature of Debt (Purpose):  
Online Voter Contact

Mailing Address 415 Paso Corto Dr

City State Zip Code  
Kerneysville WV 25430

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD.101

Amount Incurred This Period

7622.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

7622.00

1) **SUBTOTALS** This Period This Page (optional)..... ►

9327.00

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ..... ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

: 97 `A-G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A-N5HCB  
.

Form/Schedule: SD10  
Transaction ID : SD.103

Independent expenditure disseminated in June as part of Political List Brokers estimate. Invoiced and paid in July.

Form/Schedule: SD10  
Transaction ID: SD.104

Independent expenditure disseminated in June as part of Political List Brokers estimate. Invoiced and paid in July.

: 97 `A=G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+9A=N5HCB  
.

Form/Schedule: SD10  
Transaction ID : SD.101

Independent expenditure disseminated in June as part of Political List Brokers estimate. Invoiced and paid in July.

Form/Schedule:  
Transaction ID:

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 2148 OF 2173

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10NAME OF COMMITTEE (In Full)  
**GREAT AMERICA PAC**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**The Washington Times**Nature of Debt (Purpose):  
Online Voter Contact

Mailing Address 3600 New York Ave NE

City State Zip Code  
Washington DC 20002

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD.102

Amount Incurred This Period

2000.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2000.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City State Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City State Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) **SUBTOTALS** This Period This Page (optional)..... ►

2000.00

2) **TOTALS** This Period (last page this line number only)..... ►

11327.00

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ..... ►

250000.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

261327.00

: 97 `A=G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+9A=N5HCB  
.

Form/Schedule: SD10  
Transaction ID : SD.102

Independent expenditure disseminated in June as part of Political List Brokers estimate. Invoiced and paid in July.

Form/Schedule:  
Transaction ID:

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 2150 OF 2173  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>GREAT AMERICA PAC</b>			<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00608489</div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>					
Full Name of Payee <b>ALLIANCE STRATEGIES GROUP, LLC</b> <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">05 / 06 / 2016</div>		
Mailing Address 7700 CONGRESS AVENUE, SUITE 3115			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">6895.00</div>		
City BOCA RATON		State FL	Zip Code 33487		<b>Transaction ID : SE24.85043</b>
Purpose of Expenditure ONLINE VOTER CONTACT		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">06 / 06 / 2016</div>	
Name of Federal Candidate DONALD J. TRUMP			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House    District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: _____
Calendar Year-To-Date Per Election for Office Sought			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2707295.12</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____
Full Name of Payee <b>BRADBURY DIGITAL</b> <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">06 / 20 / 2016</div>		
Mailing Address 105 BERTROSE AVE			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2500.00</div>		
City MILFORD		State CT	Zip Code 06460		<b>Transaction ID : SE24.85265</b>
Purpose of Expenditure VIDEO PRODUCTION		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">06 / 16 / 2016</div>	
Name of Federal Candidate DONALD J TRUMP			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House    District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: _____
Calendar Year-To-Date Per Election for Office Sought			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2707295.12</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶					<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">9395.00</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶					<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>
(c) <b>TOTAL</b> Independent Expenditures..... ▶					<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  DAN BACKER			[Electronically Filed]		Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">06 / 06 / 2016</div>

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 2151 OF 2173  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>GREAT AMERICA PAC</b>			<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00608489</div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div>					
Full Name of Payee <b>BRILLIANT COMMUNICATIONS</b> <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">05 / 20 / 2016</div>		
Mailing Address 9305 SCHUBERT CT			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">29120.62</div>		
City VIENNA		State VA	Zip Code 22182		<b>Transaction ID : SE24.85059</b>
Purpose of Expenditure PRODUCTION, DATA, AND CREATIVE SERVICES		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">06 / 08 / 2016</div>	
Name of Federal Candidate DONALD J TRUMP			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House    District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: _____
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2707295.12</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>CAMPAIGN SOLUTIONS</b> <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">05 / 06 / 2016</div>		
Mailing Address 117 N. SAINT ASAPH ST			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">9613.46</div>		
City ALEXANDRIA		State VA	Zip Code 22314		<b>Transaction ID : SE24.85054</b>
Purpose of Expenditure CREATIVE AND DEPLOYMENT SERVICES		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">06 / 02 / 2016</div>	
Name of Federal Candidate DONALD J. TRUMP			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House    District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: _____
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2707295.12</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶					<div style="border: 1px solid black; padding: 2px; display: inline-block;">38734.08</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶					<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) <b>TOTAL</b> Independent Expenditures..... ▶					<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  DAN BACKER			[Electronically Filed]		Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">06 / 08 / 2016</div>

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 2152 OF 2173  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>GREAT AMERICA PAC</b>			<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00608489</div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>					
Full Name of Payee <b>CAMPAIGN SOLUTIONS</b>			<input type="checkbox"/> Memo Item    Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">05 / 06 / 2016</div>		
Mailing Address    117 N. SAINT ASAPH ST			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">24506.75</div>		
City    State    Zip Code <b>ALEXANDRIA    VA    22314</b>		<b>Transaction ID : SE24.85055</b> Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">06 / 02 / 2016</div>			
Purpose of Expenditure <b>LIST RENTAL COSTS</b>		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>			
Name of Federal Candidate <b>DONALD J. TRUMP</b>			<input checked="" type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: _____ <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: _____		
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2707295.12</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>CAMPAIGN SOLUTIONS</b>			<input type="checkbox"/> Memo Item    Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">05 / 09 / 2016</div>		
Mailing Address    117 N. SAINT ASAPH ST			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2308.01</div>		
City    State    Zip Code <b>ALEXANDRIA    VA    22314</b>		<b>Transaction ID : SE24.85060</b> Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">06 / 08 / 2016</div>			
Purpose of Expenditure <b>CREATIVE AND DEPLOYMENT SERVICES</b>		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>			
Name of Federal Candidate <b>DONALD J TRUMP</b>			<input checked="" type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: _____ <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: _____		
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2707295.12</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">26814.76</div>		
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"> </div>		
(c) <b>TOTAL</b> Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"> </div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  <b>DAN BACKER</b>			[Electronically Filed]    Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">06 / 06 / 2016</div>		



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 2153 OF 2173  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>GREAT AMERICA PAC</b>		<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00608489       </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		

Full Name of Payee <b>CAMPAIGN SOLUTIONS</b>		<input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 06 / 01 / 2016</div> </div>	
Mailing Address 117 N. SAINT ASAPH ST		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">98914.40</div>		Transaction ID : <b>SE24.85926</b>	
City ALEXANDRIA	State VA	Zip Code 22314	Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 06 / 30 / 2016</div> </div>		
Purpose of Expenditure CREATIVE AND DEPLOYMENT SERVICES		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		Name of Federal Candidate DONALD J TRUMP	
<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____			
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">2707295.12</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ► _____	

Full Name of Payee <b>CAMPAIGN SOLUTIONS</b>		<input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 06 / 01 / 2016</div> </div>	
Mailing Address 117 N. SAINT ASAPH ST		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">160707.91</div>		Transaction ID : <b>SE24.85927</b>	
City ALEXANDRIA	State VA	Zip Code 22314	Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 06 / 30 / 2016</div> </div>		
Purpose of Expenditure LIST RENTAL FEES		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		Name of Federal Candidate DONALD J TRUMPO	
<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____			
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">2707295.12</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ► _____	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ►	<div style="border: 1px solid black; padding: 2px; display: inline-block;">259622.31</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ►	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) <b>TOTAL</b> Independent Expenditures..... ►	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

DAN BACKER

[Electronically Filed]

Date

MM / DD / YYYY  
06 / 01 / 2016

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 2154 OF 2173  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>GREAT AMERICA PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00608489	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY</div> <div>MM / DD / YYYY</div> <div>MM / DD / YYYY</div> </div> </div>	

Full Name of Payee <b>CAMPAIGN SOLUTIONS</b>		<input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 06 / 2016	
Mailing Address 117 N. SAINT ASAPH ST				Amount 18860.25	
City ALEXANDRIA	State VA	Zip Code 22314		Transaction ID : SE24.86454	
Purpose of Expenditure LIST RENTAL FEES		Category/Type		Date of Disbursement or Obligation MM / DD / YYYY 06 / 06 / 2016	
Name of Federal Candidate DONALD J TRUMP		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought		2707295.12		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <b>CAMPAIGN SOLUTIONS</b>		<input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 14 / 2016	
Mailing Address 117 N. SAINT ASAPH ST				Amount 1224.75	
City ALEXANDRIA	State VA	Zip Code 22314		Transaction ID : SE24.84746	
Purpose of Expenditure ONLINE VOTER CONTACT		Category/Type		Date of Disbursement or Obligation MM / DD / YYYY 06 / 20 / 2016	
Name of Federal Candidate DONALD J TRUMP		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought		2707295.12		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	20085.00
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

DAN BACKER

[Electronically Filed]

Signature

Date

 MM / DD / YYYY  
 06 / 06 / 2016

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 2155 OF 2173  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>GREAT AMERICA PAC</b>		<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00608489       </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 0 5px;">MM</span> / <span style="border: 1px solid black; padding: 0 5px;">DD</span> / <span style="border: 1px solid black; padding: 0 5px;">YYYYYY</span>			
Full Name of Payee <b>CAMPAIGN SOLUTIONS</b>		<input type="checkbox"/> Memo Item Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 0 5px;">06</div> / <div style="border: 1px solid black; padding: 0 5px;">30</div> / <div style="border: 1px solid black; padding: 0 5px;">2016</div>	
Mailing Address    117 N. SAINT ASAPH ST		Amount <div style="border: 1px solid black; padding: 0 5px;">28300.00</div>	
City ALEXANDRIA	State VA	Zip Code 22314	<b>Transaction ID : SE24.85648</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 0 5px;">06</div> / <div style="border: 1px solid black; padding: 0 5px;">14</div> / <div style="border: 1px solid black; padding: 0 5px;">2016</div>
Purpose of Expenditure BUMPER STICKER PRODUCTION AND MAILING		Category/Type <span style="border: 1px solid black; padding: 0 5px;"></span>	
Name of Federal Candidate DONALD J TRUMP		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House    District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: _____	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 0 5px;">2707295.12</div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee <b>CD, INC.</b>		<input type="checkbox"/> Memo Item Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 0 5px;">06</div> / <div style="border: 1px solid black; padding: 0 5px;">23</div> / <div style="border: 1px solid black; padding: 0 5px;">2016</div>	
Mailing Address    P.O. BOX 1877		Amount <div style="border: 1px solid black; padding: 0 5px;">79650.00</div>	
City ALEXANDRIA	State VA	Zip Code 22313	<b>Transaction ID : SE24.85650</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 0 5px;">06</div> / <div style="border: 1px solid black; padding: 0 5px;">23</div> / <div style="border: 1px solid black; padding: 0 5px;">2016</div>
Purpose of Expenditure ONLINE ADVERTISING		Category/Type <span style="border: 1px solid black; padding: 0 5px;"></span>	
Name of Federal Candidate DONALD J TRUMP		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House    District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: _____	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 0 5px;">2707295.12</div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶		<div style="border: 1px solid black; padding: 0 5px;">107950.00</div>	
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶		<div style="border: 1px solid black; padding: 0 5px;"></div>	
<b>(c) TOTAL</b> Independent Expenditures..... ▶		<div style="border: 1px solid black; padding: 0 5px;"></div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature DAN BACKER		Date <span style="border: 1px solid black; padding: 0 5px;">06</span> / <span style="border: 1px solid black; padding: 0 5px;">23</span> / <span style="border: 1px solid black; padding: 0 5px;">2016</span>	

[Electronically Filed]

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 2156 OF 2173  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>GREAT AMERICA PAC</b>			<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00608489</div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div>					
Full Name of Payee <b>CD, INC.</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">06 / 27 / 2016</div>		
Mailing Address <b>P.O. BOX 1877</b>			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">1000.00</div>		
City <b>ALEXANDRIA</b>		State <b>VA</b>	Zip Code <b>22313</b>		<b>Transaction ID : SE24.85651</b>
Purpose of Expenditure <b>ONLINE VOTER CONTACT</b>		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">06 / 27 / 2016</div>	
Name of Federal Candidate <b>DONALD J TRUMP</b>			Office Sought: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    District: _____ State: _____		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">2707295.12</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>CONSERVATIVE CONNECTOR</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">06 / 01 / 2016</div>		
Mailing Address <b>435 E. MAIN STREET, SUITE 250</b>			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">11562.60</div>		
City <b>GREENWOOD</b>		State <b>IN</b>	Zip Code <b>46143</b>		<b>Transaction ID : SE24.85951</b>
Purpose of Expenditure <b>LIST RENTAL FEES</b>		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">06 / 30 / 2016</div>	
Name of Federal Candidate <b>DONALD J TRUMP</b>			Office Sought: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    District: _____ State: _____		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">2707295.12</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;">12562.60</div>		
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
(c) <b>TOTAL</b> Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  <b>DAN BACKER</b>			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">06 / 24 / 2016</div>		
			[Electronically Filed]		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 2157 OF 2173  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>GREAT AMERICA PAC</b>			<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00608489</div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>					
Full Name of Payee <b>DONOR BUREAU</b>			<input type="checkbox"/> Memo Item    Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">07 / 13 / 2016</div>		
Mailing Address 1900 N CULPEPER ST			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">7228.53</div>		
City ARLINGTON		State VA	Zip Code 22207		<b>Transaction ID : SE24.85701</b>
Purpose of Expenditure DATA SERVICES FOR MAILING		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">06 / 30 / 2016</div>	
Name of Federal Candidate DONALD J TRUMP			<input checked="" type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: _____ <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: _____		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>GRAVIS MARKETING</b>			<input type="checkbox"/> Memo Item    Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">06 / 02 / 2016</div>		
Mailing Address 910 BELLE AVE #1180			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">1000.00</div>		
City WINTER SPRINGS		State FL	Zip Code 32708		<b>Transaction ID : SE24.84756</b>
Purpose of Expenditure OUTBOUND VOTER CONTACT CALLS		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">06 / 02 / 2016</div>	
Name of Federal Candidate DONALD J TRUMP			<input checked="" type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: _____ <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: _____		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;">8228.53</div>		
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
(c) <b>TOTAL</b> Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  DAN BACKER			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">07 / 06 / 2016</div>		
[Electronically Filed]					

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 2158 OF 2173  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>GREAT AMERICA PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px;"> <b>C</b> C00608489         </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="float: right; text-align: right;"> <div style="border: 1px solid black; padding: 2px;">M M M</div> /            <div style="border: 1px solid black; padding: 2px;">D D D</div> /            <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	

Full Name of Payee <input type="checkbox"/> Memo Item <b>INFOCISION MANAGEMENT CORPORATION</b>		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> <div style="border: 1px solid black; padding: 2px;">05</div> /            <div style="border: 1px solid black; padding: 2px;">13</div> /            <div style="border: 1px solid black; padding: 2px;">2016</div> </div>	
Mailing Address <b>325 SPRINGSIDE DR</b>		Amount <div style="border: 1px solid black; padding: 2px;"> <div style="border: 1px solid black; padding: 2px;">105148.15</div> </div>	
City <b>AKRON</b>	State <b>OH</b>	Zip Code <b>44333</b>	<b>Transaction ID : SE24.85051</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> <div style="border: 1px solid black; padding: 2px;">06</div> /            <div style="border: 1px solid black; padding: 2px;">07</div> /            <div style="border: 1px solid black; padding: 2px;">2016</div> </div>
Purpose of Expenditure <b>OUTBOUND VOTER CONTACT CALLS</b>		Category/Type <div style="border: 1px solid black; padding: 2px;"></div>	
Name of Federal Candidate <b>DONALD J. TRUMP</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px;"> <div style="border: 1px solid black; padding: 2px;">2707295.12</div> </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ► _____

Full Name of Payee <input type="checkbox"/> Memo Item <b>INFOCISION MANAGEMENT CORPORATION</b>		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> <div style="border: 1px solid black; padding: 2px;">06</div> /            <div style="border: 1px solid black; padding: 2px;">01</div> /            <div style="border: 1px solid black; padding: 2px;">2016</div> </div>	
Mailing Address <b>325 SPRINGSIDE DR</b>		Amount <div style="border: 1px solid black; padding: 2px;"> <div style="border: 1px solid black; padding: 2px;">70653.00</div> </div>	
City <b>AKRON</b>	State <b>OH</b>	Zip Code <b>44333</b>	<b>Transaction ID : SE24.84747</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> <div style="border: 1px solid black; padding: 2px;">06</div> /            <div style="border: 1px solid black; padding: 2px;">27</div> /            <div style="border: 1px solid black; padding: 2px;">2016</div> </div>
Purpose of Expenditure <b>VOTER CONTACT</b>		Category/Type <div style="border: 1px solid black; padding: 2px;"></div>	
Name of Federal Candidate <b>DONALD J TRUMP</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px;"> <div style="border: 1px solid black; padding: 2px;">2707295.12</div> </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ► _____

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ►	<div style="border: 1px solid black; padding: 2px;"> <div style="border: 1px solid black; padding: 2px;">175801.15</div> </div>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ►	<div style="border: 1px solid black; padding: 2px;"> <div style="border: 1px solid black; padding: 2px;"></div> </div>
<b>(c) TOTAL</b> Independent Expenditures..... ►	<div style="border: 1px solid black; padding: 2px;"> <div style="border: 1px solid black; padding: 2px;"></div> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

DAN BACKER

[Electronically Filed]

Date

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2016

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 2159 OF 2173  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>GREAT AMERICA PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00608489
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee <b>INFOCISION MANAGEMENT CORPORATION</b>		<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination MM / DD / YYYY <b>06 / 08 / 2016</b>
Mailing Address <b>325 SPRINGSIDE DR</b>			Amount <b>54699.02</b>
City <b>AKRON</b>	State <b>OH</b>	Zip Code <b>44333</b>	Transaction ID : <b>SE24.85897</b>
Purpose of Expenditure <b>VOTER CONTACT</b>	Category/Type		Date of Disbursement or Obligation MM / DD / YYYY <b>06 / 27 / 2016</b>
Name of Federal Candidate <b>DONALD J TRUMP</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		<b>2707295.12</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>INFOCISION MANAGEMENT CORPORATION</b>		<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination MM / DD / YYYY <b>06 / 15 / 2016</b>
Mailing Address <b>325 SPRINGSIDE DR</b>			Amount <b>31154.79</b>
City <b>AKRON</b>	State <b>OH</b>	Zip Code <b>44333</b>	Transaction ID : <b>SE24.85898</b>
Purpose of Expenditure <b>VOTER CONTACT</b>	Category/Type		Date of Disbursement or Obligation MM / DD / YYYY <b>06 / 27 / 2016</b>
Name of Federal Candidate <b>DONALD J TRUMP</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		<b>2707295.12</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>85853.81</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

DAN BACKER

[Electronically Filed]

Date

MM / DD / YYYY  
**06 / 08 / 2016**

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 2160 OF 2173  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>GREAT AMERICA PAC</b>		<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00608489       </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			

Full Name of Payee <input type="checkbox"/> Memo Item <b>LIVEINTENT, INC.</b>			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">           MM / DD / YYYY            06 / 01 / 2016         </div>	
Mailing Address 100 CHURCH STREET FLOOR 7			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">           9000.00         </div>	
City NEW YORK	State NY	Zip Code 10007	<b>Transaction ID : SE24.84729</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">           MM / DD / YYYY            06 / 01 / 2016         </div>	
Purpose of Expenditure ONLINE VOTER CONTACT		Category/Type	Name of Federal Candidate DONALD J. TRUMP	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">           2707295.12         </div>		Office Sought: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____		
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶				

Full Name of Payee <input type="checkbox"/> Memo Item <b>LIVEINTENT, INC.</b>			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">           MM / DD / YYYY            06 / 06 / 2016         </div>	
Mailing Address 100 CHURCH STREET FLOOR 7			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">           22000.00         </div>	
City NEW YORK	State NY	Zip Code 10007	<b>Transaction ID : SE24.84755</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">           MM / DD / YYYY            06 / 03 / 2016         </div>	
Purpose of Expenditure ONLINE ADVERTISING		Category/Type	Name of Federal Candidate DONALD J TRUMP	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">           2707295.12         </div>		Office Sought: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____		
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶				

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">31000.00</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) <b>TOTAL</b> Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

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DAN BACKER

[Electronically Filed]

Date

MM / DD / YYYY  
 06 / 01 / 2016

Signature



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 2161 OF 2173  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>GREAT AMERICA PAC</b>		<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00608489       </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		

Full Name of Payee <input type="checkbox"/> Memo Item <b>LIVEINTENT, INC.</b>		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 06 / 11 / 2016</div> </div>	
Mailing Address 100 CHURCH STREET FLOOR 7		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">12000.00</div>	
City NEW YORK	State NY	Zip Code 10007	<b>Transaction ID : SE24.85106</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 06 / 10 / 2016</div> </div>
Purpose of Expenditure ONLINE ADVERTISING		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Name of Federal Candidate DONALD J TRUMP		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House    District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: _____	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">16861.61</div>	
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <input type="checkbox"/> Memo Item <b>LIVEINTENT, INC.</b>		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 06 / 18 / 2016</div> </div>	
Mailing Address 100 CHURCH STREET FLOOR 7		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">14000.00</div>	
City NEW YORK	State NY	Zip Code 10007	<b>Transaction ID : SE24.85263</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 06 / 17 / 2016</div> </div>
Purpose of Expenditure ONLINE ADVERTISING		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Name of Federal Candidate DONALD J TRUMP		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House    District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: _____	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">2707295.12</div>	
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">26000.00</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

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DAN BACKER

[Electronically Filed]

Date

MM / DD / YYYY  
06 / 10 / 2016

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 2162 OF 2173  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>GREAT AMERICA PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px;"> <b>C</b> C00608489         </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <input type="checkbox"/> Memo Item <b>LIVEINTENT, INC.</b>		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 06 / 23 / 2016</div> </div>	
Mailing Address 100 CHURCH STREET FLOOR 7		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">2000.00</div>	
City NEW YORK	State NY	Zip Code 10007	<b>Transaction ID : SE24.85649</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 06 / 23 / 2016</div> </div>
Purpose of Expenditure ONLINE ADVERTISING		Category/Type <div style="border: 1px solid black; width: 50px; height: 20px;"></div>	
Name of Federal Candidate DONALD J TRUMP		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; text-align: right;">2707295.12</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <input type="checkbox"/> Memo Item <b>LIVEINTENT, INC.</b>		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 07 / 01 / 2016</div> </div>	
Mailing Address 100 CHURCH STREET FLOOR 7		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">18000.00</div>	
City NEW YORK	State NY	Zip Code 10007	<b>Transaction ID : SE24.85654</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 06 / 30 / 2016</div> </div>
Purpose of Expenditure ONLINE ADVERTISING		Category/Type <div style="border: 1px solid black; width: 50px; height: 20px;"></div>	
Name of Federal Candidate DONALD J TRUMP		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; text-align: right;">2707295.12</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">38000.00</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"></div>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

DAN BACKER

[Electronically Filed]

Date

MM / DD / YYYY  
06 / 23 / 2016

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 2163 OF 2173  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>GREAT AMERICA PAC</b>			<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00608489</div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>					
Full Name of Payee <b>MEDIA DC</b>			<input type="checkbox"/> Memo Item Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">05 / 06 / 2016</div>		
Mailing Address 1150 17TH STREET, NW SUITE 505			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">3803.00</div>		
City WASHINGTON, DC		State DC	Zip Code 20036		<b>Transaction ID : SE24.85044</b> Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">06 / 06 / 2016</div>
Purpose of Expenditure ONLINE VOTER CONTACT		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>		Name of Federal Candidate DONALD J. TRUMP	
Name of Federal Candidate DONALD J. TRUMP		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">2707295.12</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>NAILED IT MEDIA</b>			<input type="checkbox"/> Memo Item Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">06 / 17 / 2016</div>		
Mailing Address 10760 ROSE AVE APT 204			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">400.00</div>		
City LOS ANGELES		State CA	Zip Code 90034		<b>Transaction ID : SE24.85647</b> Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">06 / 20 / 2016</div>
Purpose of Expenditure ONLINE VOTER CONTACT		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>		Name of Federal Candidate DONALD J TRUMP	
Name of Federal Candidate DONALD J TRUMP		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">2707295.12</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;">4203.00</div>		
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>		
(c) <b>TOTAL</b> Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  <div style="border-top: 1px solid black; width: 100%;"></div>			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">06 / 06 / 2016</div>		

DAN BACKER

[Electronically Filed]

Date

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 2164 OF 2173  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>GREAT AMERICA PAC</b>			<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00608489       </div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on					
Full Name of Payee <b>NEWSMAX MEDIA, INC.</b> <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 05 / 06 / 2016</div> </div>		
Mailing Address 750 PARK OF COMMERCE DRIVE SUITE 100			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">750.00</div>		
City <b>BOCA RATON</b>		State <b>FL</b>	Zip Code <b>33487</b>		<b>Transaction ID : SE24.85049</b>
Purpose of Expenditure <b>ONLINE VOTER CONTACT</b>		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 06 / 06 / 2016</div> </div>	
Name of Federal Candidate <b>DONALD J. TRUMP</b>			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; display: inline-block;">2707295.12</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____
Full Name of Payee <b>NEWSMAX MEDIA, INC.</b> <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 06 / 06 / 2016</div> </div>		
Mailing Address 750 PARK OF COMMERCE DRIVE SUITE 100			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">4861.61</div>		
City <b>BOCA RATON</b>		State <b>FL</b>	Zip Code <b>33487</b>		<b>Transaction ID : SE24.85893</b>
Purpose of Expenditure <b>LIST RENTAL FEES</b>		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 06 / 06 / 2016</div> </div>	
Name of Federal Candidate <b>DONALD J TRUMP</b>			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; display: inline-block;">16861.61</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____
<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;">5611.61</div>		
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
<b>(c) TOTAL</b> Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <b>DAN BACKER</b>			Date <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 06 / 06 / 2016</div> </div>		[Electronically Filed]

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 2165 OF 2173  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>GREAT AMERICA PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00608489		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>					
Full Name of Payee <b>OPINION STRATEGIES, LLC</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">06</span> / <span style="border: 1px solid black; padding: 2px;">2016</span>		
Mailing Address 415 PASO CORTO DRIVE			Amount <span style="border: 1px solid black; padding: 2px;">7435.69</span>		
City KEARNEYSVILLE		State WV	Zip Code 25430		
Purpose of Expenditure ONLINE VOTER CONTACT		Category/Type <span style="border: 1px solid black; padding: 2px;"></span>		Transaction ID : <b>SE24.85050</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">06</span> / <span style="border: 1px solid black; padding: 2px;">02</span> / <span style="border: 1px solid black; padding: 2px;">2016</span>	
Name of Federal Candidate DONALD J. TRUMP			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House    District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: _____		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">2707295.12</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>OPINION STRATEGIES, LLC</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">06</span> / <span style="border: 1px solid black; padding: 2px;">01</span> / <span style="border: 1px solid black; padding: 2px;">2016</span>		
Mailing Address 415 PASO CORTO DRIVE			Amount <span style="border: 1px solid black; padding: 2px;">9476.11</span>		
City KEARNEYSVILLE		State WV	Zip Code 25430		
Purpose of Expenditure ONLINE VOTER CONTACT		Category/Type <span style="border: 1px solid black; padding: 2px;"></span>		Transaction ID : <b>SE24.85834</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">06</span> / <span style="border: 1px solid black; padding: 2px;">14</span> / <span style="border: 1px solid black; padding: 2px;">2016</span>	
Name of Federal Candidate DONALD J TRUMP			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House    District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: _____		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">2707295.12</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">16911.80</span>		
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) <b>TOTAL</b> Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
DAN BACKER _____ Signature			[Electronically Filed]    Date <span style="border: 1px solid black; padding: 2px;">06</span> / <span style="border: 1px solid black; padding: 2px;">06</span> / <span style="border: 1px solid black; padding: 2px;">2016</span>		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 2166 OF 2173  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>GREAT AMERICA PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00608489		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 5px;">M M M / D D D / Y Y Y Y Y Y</div>					
Full Name of Payee <b>POLITICAL LIST BROKERS LLC</b> <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px;">05</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px;">06</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px;">2016</div>		
Mailing Address 107 S WEST ST PMB 826			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px;">24571.17</div>		
City ALEXANDRIA		State VA	Zip Code 22314-2824		
Purpose of Expenditure ONLINE VOTER CONTACT		Category/Type <div style="display: inline-block; border: 1px solid black; padding: 2px;"></div>		Transaction ID : <b>SE24.83889</b> Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px;">06</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px;">07</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px;">2016</div>	
Name of Federal Candidate DONALD J. TRUMP			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House    District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: _____		
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px;">2707295.12</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ► _____		
Full Name of Payee <b>RAPID RESPONSE TELEVISION LLC</b> <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px;">06</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px;">06</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px;">2016</div>		
Mailing Address 4850 WRIGHT ROAD			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px;">75000.00</div>		
City STAFFORD		State TX	Zip Code 77477		
Purpose of Expenditure TELEVISION ADVERTISEMENT		Category/Type <div style="display: inline-block; border: 1px solid black; padding: 2px;"></div>		Transaction ID : <b>SE24.84516</b> Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px;">06</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px;">01</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px;">2016</div>	
Name of Federal Candidate DONALD J. TRUMP			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House    District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: _____		
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px;">2707295.12</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ► _____		
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ►			<div style="display: inline-block; border: 1px solid black; padding: 2px;">99571.17</div>		
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ►			<div style="display: inline-block; border: 1px solid black; padding: 2px;"></div>		
(c) <b>TOTAL</b> Independent Expenditures..... ►			<div style="display: inline-block; border: 1px solid black; padding: 2px;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
DAN BACKER _____ Signature			[Electronically Filed]    Date <div style="display: inline-block; border: 1px solid black; padding: 2px;">05</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px;">10</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px;">2016</div>		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 2167 OF 2173  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>GREAT AMERICA PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00608489		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>					

  

Full Name of Payee <b>RAPID RESPONSE TELEVISION LLC</b>			<input type="checkbox"/> Memo Item		
Mailing Address 4850 WRIGHT ROAD			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">06</span> / <span style="border: 1px solid black; padding: 2px;">06</span> / <span style="border: 1px solid black; padding: 2px;">2016</span>		
City STAFFORD	State TX	Zip Code 77477	Amount <span style="border: 1px solid black; padding: 2px;">25000.00</span>		
Purpose of Expenditure IN-KIND - TELEVISION ADVERTISEMENT		Category/Type <span style="border: 1px solid black; padding: 2px;"></span>	Transaction ID : <b>SE24.84743</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">06</span> / <span style="border: 1px solid black; padding: 2px;">01</span> / <span style="border: 1px solid black; padding: 2px;">2016</span>		
Name of Federal Candidate DONALD J. TRUMP			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">2707295.12</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

  

Full Name of Payee <b>RAPID RESPONSE TELEVISION LLC</b>			<input type="checkbox"/> Memo Item		
Mailing Address 4850 WRIGHT ROAD			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">06</span> / <span style="border: 1px solid black; padding: 2px;">13</span> / <span style="border: 1px solid black; padding: 2px;">2016</span>		
City STAFFORD	State TX	Zip Code 77477	Amount <span style="border: 1px solid black; padding: 2px;">80000.00</span>		
Purpose of Expenditure TELEVISION ADVERTISEMENT		Category/Type <span style="border: 1px solid black; padding: 2px;"></span>	Transaction ID : <b>SE24.84517</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">06</span> / <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">2016</span>		
Name of Federal Candidate DONALD J. TRUMP			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">2707295.12</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

  

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">105000.00</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"></span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"></span>

  

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

DAN BACKER  
 Signature

[Electronically Filed]

Date 06 / 02 / 2016

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 2168 OF 2173  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>GREAT AMERICA PAC</b>			<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00608489</div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">M M M</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">D D D</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px; text-align: center;">Y Y Y Y Y Y Y Y</div>					
Full Name of Payee <b>RAPID RESPONSE TELEVISION LLC</b> <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">M M</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">D D D</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px; text-align: center;">Y Y Y Y Y Y Y Y</div> 06 / 13 / 2016		
Mailing Address 4850 WRIGHT ROAD			Amount <div style="border-bottom: 1px solid black; width: 100%; text-align: right;">20000.00</div>		
City STAFFORD		State TX	Zip Code 77477		<b>Transaction ID : SE24.85069</b>
Purpose of Expenditure IN-KIND - TELEVISION ADVERTISEMENT		Category/Type <div style="border-bottom: 1px solid black; width: 60px;"></div>		Date of Disbursement or Obligation <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">M M M</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">D D D</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px; text-align: center;">Y Y Y Y Y Y Y Y</div> 06 / 09 / 2016	
Name of Federal Candidate DONALD J TRUMP			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House    District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: _____
Calendar Year-To-Date Per Election for Office Sought			<div style="border-bottom: 1px solid black; width: 150px; text-align: right;">2707295.12</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____
Full Name of Payee <b>RAPID RESPONSE TELEVISION LLC</b> <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">M M M</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">D D D</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px; text-align: center;">Y Y Y Y Y Y Y Y</div> 06 / 20 / 2016		
Mailing Address 4850 WRIGHT ROAD			Amount <div style="border-bottom: 1px solid black; width: 100%; text-align: right;">50000.00</div>		
City STAFFORD		State TX	Zip Code 77477		<b>Transaction ID : SE24.85264</b>
Purpose of Expenditure TELEVISION ADVERTISEMENT		Category/Type <div style="border-bottom: 1px solid black; width: 60px;"></div>		Date of Disbursement or Obligation <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">M M M</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">D D D</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px; text-align: center;">Y Y Y Y Y Y Y Y</div> 06 / 17 / 2016	
Name of Federal Candidate DONALD J TRUMP			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House    District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: _____
Calendar Year-To-Date Per Election for Office Sought			<div style="border-bottom: 1px solid black; width: 150px; text-align: right;">2707295.12</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶					<div style="border-bottom: 1px solid black; width: 150px; text-align: right;">70000.00</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶					<div style="border-bottom: 1px solid black; width: 150px;"></div>
(c) <b>TOTAL</b> Independent Expenditures..... ▶					<div style="border-bottom: 1px solid black; width: 150px;"></div>
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  DAN BACKER			Date <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">M M M</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">D D D</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px; text-align: center;">Y Y Y Y Y Y Y Y</div> 06 / 09 / 2016		[Electronically Filed]



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 2169 OF 2173  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>GREAT AMERICA PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00608489		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>					

  

Full Name of Payee <b>RAPID RESPONSE TELEVISION LLC</b>			<input type="checkbox"/> Memo Item		
Mailing Address 4850 WRIGHT ROAD			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">06</span> / <span style="border: 1px solid black; padding: 2px;">20</span> / <span style="border: 1px solid black; padding: 2px;">2016</span>		
City STAFFORD	State TX	Zip Code 77477	Amount <span style="border: 1px solid black; padding: 2px;">150000.00</span>		
Purpose of Expenditure TELEVISION ADVERTISEMENT		Category/Type <span style="border: 1px solid black; padding: 2px;"></span>	Transaction ID : <b>SE24.84518</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">06</span> / <span style="border: 1px solid black; padding: 2px;">15</span> / <span style="border: 1px solid black; padding: 2px;">2016</span>		
Name of Federal Candidate DONALD J. TRUMP			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">2707295.12</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

  

Full Name of Payee <b>RAPID RESPONSE TELEVISION LLC</b>			<input type="checkbox"/> Memo Item		
Mailing Address 4850 WRIGHT ROAD			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">06</span> / <span style="border: 1px solid black; padding: 2px;">27</span> / <span style="border: 1px solid black; padding: 2px;">2016</span>		
City STAFFORD	State TX	Zip Code 77477	Amount <span style="border: 1px solid black; padding: 2px;">175000.00</span>		
Purpose of Expenditure TELEVISION ADVERTISEMENT		Category/Type <span style="border: 1px solid black; padding: 2px;"></span>	Transaction ID : <b>SE24.84519</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">06</span> / <span style="border: 1px solid black; padding: 2px;">23</span> / <span style="border: 1px solid black; padding: 2px;">2016</span>		
Name of Federal Candidate DONALD J. TRUMP			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">2707295.12</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

  

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">325000.00</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"></span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"></span>

  

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

DAN BACKER  
 Signature

[Electronically Filed]

Date 05 / 19 / 2016

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 2170 OF 2173  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>GREAT AMERICA PAC</b>			<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00608489</div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div>					
Full Name of Payee <b>RAPID RESPONSE TELEVISION LLC</b> <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">06 / 27 / 2016</div>		
Mailing Address 4850 WRIGHT ROAD			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">50000.00</div>		
City STAFFORD		State TX	Zip Code 77477		<b>Transaction ID : SE24.85652</b>
Purpose of Expenditure TELEVISION ADVERTISING		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">06 / 24 / 2016</div>	
Name of Federal Candidate DONALD J TRUMP			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House    District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: _____
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; display: inline-block;">2707295.12</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____
Full Name of Payee <b>RAPID RESPONSE TELEVISION LLC</b> <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">07 / 04 / 2016</div>		
Mailing Address 4850 WRIGHT ROAD			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">100000.00</div>		
City STAFFORD		State TX	Zip Code 77477		<b>Transaction ID : SE24.84520</b>
Purpose of Expenditure TELEVISION ADVERTISEMENT		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">06 / 30 / 2016</div>	
Name of Federal Candidate DONALD J. TRUMP			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House    District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: _____
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; display: inline-block;">2707295.12</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;">150000.00</div>		
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
(c) <b>TOTAL</b> Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  DAN BACKER			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">06 / 24 / 2016</div>		[Electronically Filed]

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 2171 OF 2173  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>GREAT AMERICA PAC</b>			<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00608489</div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>					
Full Name of Payee <b>RAPID RESPONSE TELEVISION LLC</b> <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">07 / 05 / 2016</div>		
Mailing Address 4850 WRIGHT ROAD			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">25000.00</div>		
City STAFFORD		State TX	Zip Code 77477		<b>Transaction ID : SE24.85653</b>
Purpose of Expenditure TELEVISION ADVERTISING		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">06 / 30 / 2016</div>	
Name of Federal Candidate DONALD J TRUMP			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House    District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: _____
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">2707295.12</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>REVILY INC.</b> <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">05 / 26 / 2016</div>		
Mailing Address 3436 MILLER DR.			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">3416.32</div>		
City ATLANTA		State GA	Zip Code 30341		<b>Transaction ID : SE24.85158</b>
Purpose of Expenditure OUTBOUND VOTER CONTACT CALLS		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">06 / 13 / 2016</div>	
Name of Federal Candidate DONALD J TRUMP			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House    District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: _____
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">2707295.12</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;">28416.32</div>		
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
(c) <b>TOTAL</b> Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  DAN BACKER			[Electronically Filed]		Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">06 / 30 / 2016</div>

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 2172 OF 2173  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>GREAT AMERICA PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00608489		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYYYY</span>					

  

Full Name of Payee <b>SPOTX</b>			<input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYYYY</span> <b>06 / 21 / 2016</b>		
Mailing Address <b>3003 TASMAN DR</b>			Amount <span style="border: 1px solid black; padding: 2px;">5000.00</span>			Transaction ID : <b>SE24.85640</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYYYY</span> <b>06 / 21 / 2016</b>		
City <b>SANTA CLARA</b>		State <b>CA</b>						
Purpose of Expenditure <b>ONLINE VOTER CONTACT</b>			Category/Type <span style="border: 1px solid black; padding: 2px;"></span>					
Name of Federal Candidate <b>DONALD J TRUMP</b>			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose			Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought			<span style="border: 1px solid black; padding: 2px;">2707295.12</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

  

Full Name of Payee <b>TABOOLA</b>			<input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYYYY</span> <b>06 / 21 / 2016</b>		
Mailing Address <b>28 W 23RD ST 5TH FLOOR</b>			Amount <span style="border: 1px solid black; padding: 2px;">5000.00</span>			Transaction ID : <b>SE24.85641</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYYYY</span> <b>06 / 21 / 2016</b>		
City <b>NEW YORK</b>		State <b>NY</b>						
Purpose of Expenditure <b>ONLINE VOTER CONTACT</b>			Category/Type <span style="border: 1px solid black; padding: 2px;"></span>					
Name of Federal Candidate <b>DONALD J TRUMP</b>			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose			Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought			<span style="border: 1px solid black; padding: 2px;">2707295.12</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

  

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">10000.00</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"></span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"></span>

  

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

DAN BACKER
[Electronically Filed]

Signature
Date MM / DD / YYYYYY  
**06 / 21 / 2016**

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 2173 OF 2173  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>GREAT AMERICA PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00608489		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 5px;">M M / D D / Y Y Y Y Y Y</div>					
Full Name of Payee <b>THE WASHINGTON TIMES</b>			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y <b>05 / 06 / 2016</b>		
Mailing Address 3600 NEW YORK AVENUE NE			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">925.00</div>		
City WASHINGTON		State DC	Zip Code 20002		Transaction ID : <b>SE24.85061</b>
Purpose of Expenditure ONLINE VOTER CONTACT		Category/Type <div style="border: 1px solid black; padding: 2px;"></div>		Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y <b>06 / 08 / 2016</b>	
Name of Federal Candidate DONALD J TRUMPO			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House    District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: _____		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">2707295.12</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ► _____		
Full Name of Payee			Date of Public Distribution/Dissemination		
Mailing Address			Amount		
City		State	Zip Code		Date of Disbursement or Obligation
Purpose of Expenditure		Category/Type		M M / D D / Y Y Y Y Y Y	
Name of Federal Candidate			Office Sought: <input type="checkbox"/> House    District: _____		
			<input type="checkbox"/> President <input type="checkbox"/> Senate    State: _____		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General		
			<input type="checkbox"/> Other (specify) ► _____		
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....			<div style="border: 1px solid black; padding: 2px; text-align: right;">925.00</div>		
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....			<div style="border: 1px solid black; padding: 2px; text-align: right;"></div>		
(c) <b>TOTAL</b> Independent Expenditures.....			<div style="border: 1px solid black; padding: 2px; text-align: right;">1655686.14</div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
DAN BACKER _____ Signature			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 5px;">M M / D D / Y Y Y Y Y Y</div> <b>06 / 08 / 2016</b>		

[Electronically Filed]