

FEC FORM 3P

REPORT OF RECEIPTS AND DISBURSEMENTS

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

Office Use Only

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

Example: If typing, type over the lines.

12FE4M5

DONALD J. TRUMP FOR PRESIDENT, INC.

ADDRESS (number and street)

725 FIFTH AVENUE

Check if different than previously reported. (ACC)

NEW YORK

NY

10022

CITY

STATE

ZIP CODE

2. FEC IDENTIFICATION NUMBER

C

C00580100

3. THIS REPORT IS FOR Primary

or General

4. TYPE OF REPORT (Choose One)

Check here if this is a Termination Report (TER)

Quarterly Reports:

Monthly Reports:

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

Thirtieth day report following the General Election

on MM / DD / YYYY

Twelfth day report preceding election

on MM / DD / YYYY in the State of

Is this Report an Amendment?

yes no

5. Covering Period

MM / DD / YYYY
04 / 02 / 2015

through

MM / DD / YYYY
06 / 30 / 2015

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

Type or Print Name of Treasurer

TIMOTHY JOST

Signature of Treasurer

TIMOTHY JOST

[Electronically Filed]

Date

MM / DD / YYYY
07 / 15 / 2015

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

Office Use Only

Write or Type Committee Name

DONALD J. TRUMP FOR PRESIDENT, INC.

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

SUMMARY

6. CASH ON HAND AT BEGINNING OF REPORTING PERIOD	<input type="text" value="0.00"/>
7. TOTAL RECEIPTS THIS PERIOD (From Line 22, Column A, Page 3)	<input type="text" value="1902410.45"/>
8. SUBTOTAL (Lines 6 and 7)	<input type="text" value="1902410.45"/>
9. TOTAL DISBURSEMENTS THIS PERIOD (From Line 30, Column A, Page 2)	<input type="text" value="1414674.29"/>
10. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (Subtract Line 9 from 8.....)	<input type="text" value="487736.16"/>
11. DEBTS AND OBLIGATIONS OWED TO THE COMMITTEE (Itemize All on Schedule C-P or Schedule D-P).....	<input type="text" value="0.00"/>
12. DEBTS AND OBLIGATIONS OWED BY THE COMMITTEE (Itemize All on Schedule C-P or Schedule D-P).....	<input type="text" value="1804747.23"/>
13. EXPENDITURES SUBJECT TO LIMITATION	<input type="text" value="0.00"/>

NET ELECTION CYCLE-TO-DATE CONTRIBUTIONS AND EXPENDITURES

14. NET CONTRIBUTIONS (Other than Loans) (Subtract Line 28d, Column B from 17e, Column B, Page 2)	<input type="text" value="96298.97"/>
15. NET OPERATING EXPENDITURES (Subtract Line 20a, Column B from 23, Column B, Page 2).....	<input type="text" value="1413310.04"/>

DETAILED SUMMARY PAGE

FEC Form 3P (Rev. 03/2011)

of Receipts

NAME OF COMMITTEE (in Full)

DONALD J. TRUMP FOR PRESIDENT, INC.

Report Covering the Period: From:

M M / D D / Y Y Y Y
04 / 02 / 2015

To:

M M / D D / Y Y Y Y
06 / 30 / 2015

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
16. FEDERAL FUNDS (Itemize on Schedule A-P)	0.00	0.00
17. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) itemized	53075.00	53075.00
(ii) unitemized	39174.33	39174.33
(iii) Total contributions	92249.33	92249.33
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees	0.00	0.00
(d) The Candidate	4049.64	4049.64
(e) TOTAL CONTRIBUTIONS (other than loans) (Add 17(a), 17(b), 17(c) and 17(d))	96298.97	96298.97
18. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOANS RECEIVED:		
(a) Loans Received From or Guaranteed by Candidate	1804747.23	1804747.23
(b) Other Loans	0.00	0.00
(c) TOTAL LOANS (Add 19(a) and 19(b))	1804747.23	1804747.23
20. OFFSETS TO EXPENDITURES (Refunds, Rebates, etc.):		
(a) Operating	1364.25	1364.25
(b) Fundraising	0.00	0.00
(c) Legal and Accounting	0.00	0.00
(d) TOTAL OFFSETS TO EXPENDITURES (Add 20(a), 20(b) and 20(c))	1364.25	1364.25
21. OTHER RECEIPTS (Dividends, Interest, etc.)	0.00	0.00
22. TOTAL RECEIPTS (Add 16, 17(e), 18, 19(c), 20(d) and 21)	1902410.45	1902410.45

DETAILED SUMMARY PAGE

FEC Form 3P (Rev. 03/2011)

of Disbursements and Contributed Items

NAME OF COMMITTEE (in Full)

DONALD J. TRUMP FOR PRESIDENT, INC.

Report Covering the Period: From:

MM / DD / YYYY
04 / 02 / 2015

To:

MM / DD / YYYY
06 / 30 / 2015

II. DISBURSEMENTS

**COLUMN A
Total This Period**

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

23. OPERATING EXPENDITURES.....	1414674.29	1414674.29
24. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
25. FUNDRAISING DISBURSEMENTS	0.00	0.00
26. EXEMPT LEGAL AND ACCOUNTING DISBURSEMENTS.....	0.00	0.00
27. LOAN REPAYMENTS MADE:		
(a) Repayments of Loans made or Guaranteed by Candidate.....	0.00	0.00
(b) Other Repayments	0.00	0.00
(c) TOTAL LOAN REPAYMENTS MADE (Add 27(a) and 27(b)).....	0.00	0.00
28. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (Add 28(a), 28(b) and 28(c))	0.00	0.00
29. OTHER DISBURSEMENTS	0.00	0.00
30. TOTAL DISBURSEMENTS (Add 23, 24, 25, 26, 27(c), 28(d) and 29)	1414674.29	1414674.29

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

31. ITEMS ON HAND TO BE LIQUIDATED (Attach List)	0.00	
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FEC FORM 3P,
Federal Election Commission
999 E Street, N.W.
Washington, D.C. 20463

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

Office Use Only

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

2. FEC IDENTIFICATION NUMBER

C C00580100

DONALD J. TRUMP FOR PRESIDENT, INC.

ADDRESS (number and street) 725 FIFTH AVENUE

NEW YORK NY 10022 -

CITY

STATE

ZIP CODE

3. NAME OF CANDIDATE

ALLOCATION BY STATE

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

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

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

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

Form/Schedule: F3PN
Transaction ID :

The Committee follows the three-fold process required to meet the Commission's best efforts standards. Every solicitation includes a clear and conspicuous request for contributor information and informs the contributor of the requirements of federal law for the reporting of such information. If the information is not initially received, within 30 days of receipt, the contributor receives a request to provide this information. Any follow up request clearly asks for the missing information and does not contain a solicitation for a new contribution. These requests are generally made by phone or email or by letter. This request restates the requirements of federal law for the requesting and reporting of such information. If the request is sent by mail, it includes a pre-addressed return envelope. If the information is received by the Committee, it is updated and the affected report will be amended to reflect the new information or the Committee will submit the new information via miscellaneous filing.

Form/Schedule:
Transaction ID:

**SCHEDULE A-P
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 9 / 122

(check only one)

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

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

NAME OF COMMITTEE (In Full)

DONALD J. TRUMP FOR PRESIDENT, INC.**A.** Full Name (Last, First, Middle Initial)**JIM ANDALORO**

Mailing Address 12 LIBERTY ROAD

City	State	Zip Code
MARBLEHEAD	MA	01945

FEC ID number of contributing federal political committee.

C

Name of Employer
METAL TRONICS, INC.Occupation
OWNER

Receipt For: 2016

 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Transaction ID : SA17A.5601

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
06			30			2015			

Amount of Each Receipt this Period

500.00

B. Full Name (Last, First, Middle Initial)**FRANCINE ANTON**

Mailing Address 18026 PETTY LANE

City	State	Zip Code
SPRING LAKE	MI	49456

FEC ID number of contributing federal political committee.

C

Name of Employer
RETIREDOccupation
RETIRED

Receipt For: 2016

 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Transaction ID : SA17A.5743

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
06			24			2015			

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)**LORI ATKINS**

Mailing Address 334 REGENT CIRCLE

City	State	Zip Code
SAN ANTONIO	TX	78231

FEC ID number of contributing federal political committee.

C

Name of Employer
TEXAS SINUS CENTEROccupation
PHYSICIAN ASSISTANT

Receipt For: 2016

 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Transaction ID : SA17A.4275

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
06			20			2015			

Amount of Each Receipt this Period

250.00

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

1000.00

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

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:
(check only one)

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

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

A. Full Name (Last, First, Middle Initial) JEOAH BYRNES Mailing Address 2606 PINE KNOLL VIEW City State Zip Code COLORADO SPRINGS CO 80920		Transaction ID : SA17A.5259 Date of Receipt M M / D D / Y Y Y Y 06 / 16 / 2015
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer EMBREE CAPITAL MARKETS GROUP, INC.	Occupation SALES	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 250.00

B. Full Name (Last, First, Middle Initial) WANDA CANNON Mailing Address 2200 BOWMONT DRIVE City State Zip Code BEVERLY HILLS CA 90210		Transaction ID : SA17A.4913 Date of Receipt M M / D D / Y Y Y Y 06 / 16 / 2015
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer RETIRED	Occupation RETIRED	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 250.00

C. Full Name (Last, First, Middle Initial) DENNIS CARRERAS Mailing Address 5946 NW 47TH TERR City State Zip Code COCONUT CREEK FL 33073		Transaction ID : SA17A.4199 Date of Receipt M M / D D / Y Y Y Y 06 / 17 / 2015
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer BERSTONE PAYMENT SYSTEMS, LLC	Occupation CEO	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 250.00

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

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

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:
(check only one)

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

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

A. Full Name (Last, First, Middle Initial)
SCOTT 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 Occupation
OTTO'S GRANARY MANAGER/OWNER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.4514

Date of Receipt

M M / D D / Y Y Y Y
06 / 19 / 2015

Amount of Each Receipt this Period

250.00

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

Mailing Address 420 OAK HARBOUR LANE
102

City State Zip Code
DESTIN FL 32541

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

Name of Employer Occupation
AC LEGG SALES

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.4361

Date of Receipt

M M / D D / Y Y Y Y
06 / 17 / 2015

Amount of Each Receipt this Period

250.00

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

Mailing Address 875 GREENVIEW COURT
60

City State Zip Code
ROCHESTER HILLS MI 48307

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

Name of Employer Occupation
SELF-EMPLOYED PHYSICIAN

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.5664

Date of Receipt

M M / D D / Y Y Y Y
06 / 30 / 2015

Amount of Each Receipt this Period

250.00

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

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

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:
(check only one)

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

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

A. Full Name (Last, First, Middle Initial) KINSEY CRAICHY			Transaction ID : SA17A.5915		
Mailing Address PO BOX 1038			Date of Receipt		
City	State	Zip Code	M M / D D / Y Y Y Y		
TAMPA	FL	33601	06 / 29 / 2015		
FEC ID number of contributing federal political committee.			Amount of Each Receipt this Period		
C			250.00		
Name of Employer		Occupation			
LIVING FUEL		CEO			
Receipt For: 2016		Election Cycle-to-Date			
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General					
<input type="checkbox"/> Other (specify) ▼		250.00			

B. Full Name (Last, First, Middle Initial) W HAYDEN CRUME			Transaction ID : SA17A.5217		
Mailing Address 216 BRIARBEND DRIVE			Date of Receipt		
City	State	Zip Code	M M / D D / Y Y Y Y		
COLUMBUS	MS	39705	06 / 16 / 2015		
FEC ID number of contributing federal political committee.			Amount of Each Receipt this Period		
C			2700.00		
Name of Employer		Occupation			
RETIRED		RETIRED			
Receipt For: 2016		Election Cycle-to-Date			
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General					
<input type="checkbox"/> Other (specify) ▼		2700.00			

C. Full Name (Last, First, Middle Initial) MARK CRUMPLER			Transaction ID : SA17A.5984		
Mailing Address 541 LR 16 N			Date of Receipt		
City	State	Zip Code	M M / D D / Y Y Y Y		
ASHDOWN	AR	71822	06 / 29 / 2015		
FEC ID number of contributing federal political committee.			Amount of Each Receipt this Period		
C			250.00		
Name of Employer		Occupation			
DOMTAR		MECHANIC			
Receipt For: 2016		Election Cycle-to-Date			
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General					
<input type="checkbox"/> Other (specify) ▼		250.00			

Subtotal Of Receipts This Page (optional).....	3200.00
Total This Period (last page this line number only)	

SCHEDULE A-P ITEMIZED RECEIPTS

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

FOR LINE NUMBER:
(check only one)

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

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

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

Mailing Address 1913 ISLA DE PALMA CIRCLE

City: NAPLES State: FL Zip Code: 34119

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

Name of Employer: MILLENIUM Occupation: PHYSICIAN

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 250.00

Transaction ID : SA17A.5467

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 25 / 2015

Amount of Each Receipt this Period
 250.00

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

Mailing Address 1913 ISLA DE PALMA CIRCLE

City: NAPLES State: FL Zip Code: 34119

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

Name of Employer: MILLENIUM Occupation: PHYSICIAN

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 500.00

Transaction ID : SA17A.5501

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 30 / 2015

Amount of Each Receipt this Period
 250.00

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

Mailing Address 1408 GRANBY WAY

City: WEST CHESTER State: PA Zip Code: 19380

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

Name of Employer: MDC SYSTEMS Occupation: ACCOUNTING SPECIALIST

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 250.00

Transaction ID : SA17A.4289

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 20 / 2015

Amount of Each Receipt this Period
 250.00

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

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

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:
(check only one)

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

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

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

Mailing Address **PO BOX 179**

City State Zip Code
COLORADO SPRINGS CO 80901

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

Name of Employer Occupation
SELF-EMPLOYED R.E APPRAISERS

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.6182

Date of Receipt
M M / D D / Y Y Y Y
06 26 2015

Amount of Each Receipt this Period
500.00

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

Mailing Address **20 W 55TH ST**

City State Zip Code
NY NY 10019

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

Name of Employer Occupation
LOUGHLIN MANAGEMENT CEO

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.5147

Date of Receipt
M M / D D / Y Y Y Y
06 16 2015

Amount of Each Receipt this Period
500.00

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

Mailing Address **101 NORTH STATE STREET**

City State Zip Code
JACKSON MS 39201

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

Name of Employer Occupation
SELF-EMPLOYED ATTORNEY

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.4363

Date of Receipt
M M / D D / Y Y Y Y
06 17 2015

Amount of Each Receipt this Period
250.00

Subtotal Of Receipts This Page (optional).....▶ **1250.00**

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

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:
(check only one)

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

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

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

Mailing Address 161 HARPSTONE LN

City	State	Zip Code
SIMI VALLEY	CA	93065

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.6180

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

Amount of Each Receipt this Period

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

Mailing Address 1546 GARY DRIVE

City	State	Zip Code
BREAUX BRIDGE	LA	70517

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
SELF-EMPLOYED	PHYSICIAN

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.5855

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

Amount of Each Receipt this Period

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

Mailing Address 125 PEBBLE BEACH DRIVE

City	State	Zip Code
FAYETTEVILLE	GA	30215

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.4945

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

Amount of Each Receipt this Period

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

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

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:

(check only one)

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

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NAME OF COMMITTEE (In Full)

DONALD J. TRUMP FOR PRESIDENT, INC.

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

DONNIE FAIN

Mailing Address 1305 CHARTER COURT

City JACKSONVILLE State FL Zip Code 32225

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

Name of Employer POSEIDON BARGE Occupation CEO

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 2700.00

Transaction ID : SA17A.5241

Date of Receipt

M M / D D / Y Y Y Y
 06 / 16 / 2015

Amount of Each Receipt this Period

2700.00

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

STEVE FARLAND

Mailing Address 5391 E HINSDALE CT

City CENTENNIAL State CO Zip Code 80122

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

Name of Employer THE CHAIRMAN Occupation OWNER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 250.00

Transaction ID : SA17A.5267

Date of Receipt

M M / D D / Y Y Y Y
 06 / 16 / 2015

Amount of Each Receipt this Period

250.00

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

CHARLES FREEMAN

Mailing Address 10773 NW 58TH ST
 295

City DORAL State FL Zip Code 33178

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

Name of Employer UPS AIRLINES Occupation AIRLINE PILOT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 1000.00

Transaction ID : SA17A.5549

Date of Receipt

M M / D D / Y Y Y Y
 06 / 25 / 2015

Amount of Each Receipt this Period

1000.00

Subtotal Of Receipts This Page (optional).....▶ 3950.00

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

SCHEDULE A-P ITEMIZED RECEIPTS

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

FOR LINE NUMBER:
(check only one)

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

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

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

Mailing Address **3545 E. CALLE PUERTA DE ACERO**

City	State	Zip Code
TUCSON	AZ	85718

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

Name of Employer	Occupation
CRESTONE, LLC	GENERAL CONTRACTOR

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17A.4642

Date of Receipt

M M / D D / Y Y Y Y
06 / 18 / 2015

Amount of Each Receipt this Period

1000.00

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

Mailing Address **3701 S. ORANGE CIRCLE**

City	State	Zip Code
BROKEN ARROW	OK	74011

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

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.4706

Date of Receipt

M M / D D / Y Y Y Y
06 / 16 / 2015

Amount of Each Receipt this Period

250.00

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

Mailing Address **PO 1652**

City	State	Zip Code
MARION	IL	62959

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

Name of Employer	Occupation
GORDON & PRICE	ENGINEER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17A.4584

Date of Receipt

M M / D D / Y Y Y Y
06 / 18 / 2015

Amount of Each Receipt this Period

1000.00

Subtotal Of Receipts This Page (optional).....▶ **2250.00**

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

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:
(check only one)

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

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

A. Full Name (Last, First, Middle Initial) PETER HABIG Mailing Address 79 DIVISION AVENUE City State Zip Code SUMMIT NJ 07901 FEC ID number of contributing federal political committee. C Name of Employer Occupation RETIRED RETIRED Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 500.00			Transaction ID : SA17A.4125 Date of Receipt M M / D D / Y Y Y Y 06 / 21 / 2015 Amount of Each Receipt this Period 500.00	
B. Full Name (Last, First, Middle Initial) PETER HABIG Mailing Address 79 DIVISION AVENUE City State Zip Code SUMMIT NJ 07901 FEC ID number of contributing federal political committee. C Name of Employer Occupation RETIRED RETIRED Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 1500.00			Transaction ID : SA17A.5880 Date of Receipt M M / D D / Y Y Y Y 06 / 29 / 2015 Amount of Each Receipt this Period 1000.00	
C. Full Name (Last, First, Middle Initial) LONNIE HARDY Mailing Address P O BOX 1760 City State Zip Code SHREVEPORT LA 71166 FEC ID number of contributing federal political committee. C Name of Employer Occupation SELF-EMPLOYED CPA Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 250.00			Transaction ID : SA17A.4787 Date of Receipt M M / D D / Y Y Y Y 06 / 18 / 2015 Amount of Each Receipt this Period 250.00	

Subtotal Of Receipts This Page (optional).....▶ **1750.00**

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

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:

PAGE 20 / 122

(check only one)

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

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NAME OF COMMITTEE (In Full)

DONALD J. TRUMP FOR PRESIDENT, INC.

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

ROBERT HARRELL

Mailing Address 12070 CLUB HOUSE RD

City State Zip Code
BROOKSVILLE FL 34613

FEC ID number of contributing federal political committee.

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.5447

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
06			30			2015			

Amount of Each Receipt this Period

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

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

WINTHROP HARVEY

Mailing Address 8869 CHATSWORTH DRIVE

City State Zip Code
HOUSTON TX 77024

FEC ID number of contributing federal political committee.

Name of Employer Occupation
DEUTSCH BANK SALES

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.6198

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
06			17			2015			

Amount of Each Receipt this Period

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

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

JUDY HERZKA

Mailing Address 3420 BEDFORD AVE.

City State Zip Code
BROOKLYN NY 11210

FEC ID number of contributing federal political committee.

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.5457

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
06			30			2015			

Amount of Each Receipt this Period

<input type="text" value="2300.00"/>

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

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

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:
(check only one)

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

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

A. Full Name (Last, First, Middle Initial) RALPH HERZKA		Transaction ID : SA17A.5455	
Mailing Address 3420 BEDFORD AVE.		Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2015	
City BROOKLYN	State NY	Zip Code 11210	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2700.00	
Name of Employer MERIDIAN CAPITAL GROUP, LLC	Occupation PRESIDENT		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 2700.00	

B. Full Name (Last, First, Middle Initial) BRUCE HOWARD		Transaction ID : SA17A.5301	
Mailing Address 14 OAKLEY DOWNS PLACE		Date of Receipt M M / D D / Y Y Y Y 06 / 16 / 2015	
City SPRING	State TX	Zip Code 77382	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
Name of Employer UPSNAP INC	Occupation CEO		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 500.00	

C. Full Name (Last, First, Middle Initial) MICHELLE LETNER		Transaction ID : SA17A.5477	
Mailing Address 851 REMSEN ROAD		Date of Receipt M M / D D / Y Y Y Y 06 / 25 / 2015	
City MEDINA	State OH	Zip Code 44256	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 225.00	
Name of Employer RETIRED	Occupation RETIRED		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 225.00	

Subtotal Of Receipts This Page (optional).....▶ **3425.00**

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

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:

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(check only one)

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

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

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

Mailing Address 158 CORAL MTN RANCH RD

City	State	Zip Code
GRAHAM	TX	76450

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
SELF-EMPLOYED	REAL ESTATE

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.6077

Date of Receipt

M M / D D / Y Y Y Y
06 / 28 / 2015

Amount of Each Receipt this Period

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

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

Mailing Address PO BOX 588

City	State	Zip Code
BEDFORD	NY	10506

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
RENWICK SOTHEBYS INTERNATIONAL REALTY	REAL ESTATE AGENT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.4975

Date of Receipt

M M / D D / Y Y Y Y
06 / 16 / 2015

Amount of Each Receipt this Period

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

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

Mailing Address 7 BEACH RD

City	State	Zip Code
HUNTINGTON BAY	NY	11743

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
WM. E. MARTIN & SONS CO., INC.	SPICE IMPORTER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.4995

Date of Receipt

M M / D D / Y Y Y Y
06 / 16 / 2015

Amount of Each Receipt this Period

<input type="text" value="2700.00"/>

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

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

SCHEDULE A-P
ITEMIZED RECEIPTS

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

FOR LINE NUMBER:

PAGE 23 / 122

(check only one)

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

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NAME OF COMMITTEE (In Full)

DONALD J. TRUMP FOR PRESIDENT, INC.

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

EDWARD MCGEORGE

Mailing Address 203 RANDOLPH SQ LN

City State Zip Code
RICHMOND VA 23238

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

Name of Employer Occupation
MCGEORGE ROLLING HILLS RV CEO

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.5381

Date of Receipt

M M / D D / Y Y Y Y
06 / 26 / 2015

Amount of Each Receipt this Period

2700.00

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

THOMAS MCKAY

Mailing Address 11339 TAYLOR DRAPER LANE

City State Zip Code
AUSTIN TX 78720

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

Name of Employer Occupation
TOM'S WAY INC. MACHINIST

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.4422

Date of Receipt

M M / D D / Y Y Y Y
06 / 22 / 2015

Amount of Each Receipt this Period

250.00

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

MICHAEL MCNERNEY

Mailing Address 570 W 5TH STREET

City State Zip Code
SAN PEDRO CA 90731

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

Name of Employer Occupation
MCNERNEY'S, INC FUNERAL SERVICE PROVIDER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.4636

Date of Receipt

M M / D D / Y Y Y Y
06 / 18 / 2015

Amount of Each Receipt this Period

500.00

Subtotal Of Receipts This Page (optional).....▶ 3450.00

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

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:

(check only one)

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

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

A. Full Name (Last, First, Middle Initial) EDWARD MCPHERSON Mailing Address 201 S ALVARADO SUITE 501 City LOS ANGELES State CA Zip Code 90057 FEC ID number of contributing federal political committee. <input type="text" value="C"/> Name of Employer SELF-EMPLOYED Occupation PHYSICIAN Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ <input type="text" value="250.00"/>		Transaction ID : SA17A.4133 Date of Receipt M M / D D / Y Y Y Y 06 / 21 / 2015 Amount of Each Receipt this Period <input type="text" value="250.00"/>
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B. Full Name (Last, First, Middle Initial) MICHAEL MORE Mailing Address 849 BOSTON POST ROAD City MARLBOROUGH State MA Zip Code 01752 FEC ID number of contributing federal political committee. <input type="text" value="C"/> Name of Employer TJX Occupation INFRASTRUCTURE ENGINEER III Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ <input type="text" value="350.00"/>		Transaction ID : SA17A.5615 Date of Receipt M M / D D / Y Y Y Y 06 / 25 / 2015 Amount of Each Receipt this Period <input type="text" value="350.00"/>
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C. Full Name (Last, First, Middle Initial) JOSEPH NEW Mailing Address 108 TURNBERRY CR. City CARROLLTON State GA Zip Code 30116 FEC ID number of contributing federal political committee. <input type="text" value="C"/> Name of Employer BARNES VAN LINES Occupation CEO Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ <input type="text" value="250.00"/>		Transaction ID : SA17A.4189 Date of Receipt M M / D D / Y Y Y Y 06 / 17 / 2015 Amount of Each Receipt this Period <input type="text" value="250.00"/>
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Subtotal Of Receipts This Page (optional).....

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

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:
(check only one)

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

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

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

Mailing Address 10742 E 39TH LANE

City State Zip Code
YUMA AZ 85365

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.5611

Date of Receipt

M M / D D / Y Y Y Y
06 / 25 / 2015

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)
HANNE S. REESE

Mailing Address 205 NORTH MURRAY BLVD.
169

City State Zip Code
COLORADO SPRINGS CO 80916

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.5177

Date of Receipt

M M / D D / Y Y Y Y
06 / 16 / 2015

Amount of Each Receipt this Period

250.00

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

Mailing Address 920 FLETCHER LANE
206

City State Zip Code
HAYWARD CA 94544

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

Name of Employer Occupation
NETSUITE, INC. SR. CONSULTANT: TECHNICAL ACCOUNT
MCMAT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.4143

Date of Receipt

M M / D D / Y Y Y Y
06 / 21 / 2015

Amount of Each Receipt this Period

250.00

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

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

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:

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(check only one)

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

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NAME OF COMMITTEE (In Full)

DONALD J. TRUMP FOR PRESIDENT, INC.

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

Mailing Address 905 W. 7TH ST. #336

City State Zip Code
FREDERICK MD 21701

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

Name of Employer Occupation
MMG CIVIL ENGINEER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.6142

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
06			27			2015			

Amount of Each Receipt this Period

500.00

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

Mailing Address PO BOX 4138

City State Zip Code
TEQUESTA FL 33469

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.5795

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
06			24			2015			

Amount of Each Receipt this Period

2700.00

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

Mailing Address PO BOX 4138

City State Zip Code
TEQUESTA FL 33469

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5400.00

Transaction ID : SA17A.5796

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
06			24			2015			

CONTRIBUTION REFUNDED 6/25

Amount of Each Receipt this Period

2700.00

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

5900.00

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

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**SCHEDULE A-P
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:

PAGE 28 / 122

(check only one)

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

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

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

Mailing Address PO BOX 4138

City State Zip Code
TEQUESTA FL 33469

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
8100.00

Transaction ID : SA17A.5801

Date of Receipt
M M / D D / Y Y Y Y
06 / 24 / 2015

CONTRIBUTION REFUNDED 6/25

Amount of Each Receipt this Period
2700.00

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

Mailing Address PO BOX 4138

City State Zip Code
TEQUESTA FL 33469

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5400.00

Transaction ID : SA17A.6212

Date of Receipt
M M / D D / Y Y Y Y
06 / 25 / 2015

CHARGEBACK

Amount of Each Receipt this Period
-2700.00

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

Mailing Address PO BOX 4138

City State Zip Code
TEQUESTA FL 33469

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.6213

Date of Receipt
M M / D D / Y Y Y Y
06 / 25 / 2015

CHARGEBACK

Amount of Each Receipt this Period
-2700.00

Subtotal Of Receipts This Page (optional).....▶ -2700.00

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

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:

PAGE 29 / 122

(check only one)
 16 17a 17b 17c 17d 18
 19a 19b 20a 20b 20c 21

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

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

Mailing Address **68 HARMONY CT.**

City State Zip Code
ORWIGSBURG PA 17961

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

Name of Employer Occupation
EEG, INC. VICE PRESIDENT OF OPERATIONS

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.5967

Date of Receipt
 M M / D D / Y Y Y Y
06 29 2015

Amount of Each Receipt this Period
250.00

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

Mailing Address **PO BOX 8560**

City State Zip Code
GREENVILLE SC 29604

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

Name of Employer Occupation
MATTRESS WHOLESale, LLC. WHOLESALE SALES REP

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.5580

Date of Receipt
 M M / D D / Y Y Y Y
06 30 2015

Amount of Each Receipt this Period
250.00

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

Mailing Address **2150 TOGERPAW LN**

City State Zip Code
YORK SC 29745

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

Name of Employer Occupation
SELF-EMPLOYED ARTIST

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5400.00

Transaction ID : SA17A.4355

Date of Receipt
 M M / D D / Y Y Y Y
06 17 2015

Amount of Each Receipt this Period
5400.00

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

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

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:

PAGE 30 / 122

(check only one)

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

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NAME OF COMMITTEE (In Full)

DONALD J. TRUMP FOR PRESIDENT, INC.

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

Mailing Address 2150 TOGERPAW LN

City YORK State SC Zip Code 29745

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

Name of Employer SELF-EMPLOYED Occupation ARTIST

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.5842

Date of Receipt

M M / D D / Y Y Y Y
06 / 17 / 2015

REDESIGNATION TO GENERAL

Amount of Each Receipt this Period

-2700.00

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

Mailing Address 2150 TOGERPAW LN

City YORK State SC Zip Code 29745

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

Name of Employer SELF-EMPLOYED Occupation ARTIST

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5400.00

Transaction ID : SA17A.5843

Date of Receipt

M M / D D / Y Y Y Y
06 / 17 / 2015

REDESIGNATED FROM PRIMARY

Amount of Each Receipt this Period

2700.00

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

Mailing Address 11 FALLIGANT AVE

City SAVANNAH State GA Zip Code 31410

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

Name of Employer SPEROS Occupation SELF EMPLOYED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.6049

Date of Receipt

M M / D D / Y Y Y Y
06 / 28 / 2015

Amount of Each Receipt this Period

500.00

Subtotal Of Receipts This Page (optional)..... 500.00

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

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:

PAGE 32 / 122

(check only one)

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

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NAME OF COMMITTEE (In Full)

DONALD J. TRUMP FOR PRESIDENT, INC.

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

KAYE WILLIAMS

Mailing Address 104 SEABRIGHT AVE.

City BRIDGEPORT State CT Zip Code 06605

FEC ID number of contributing federal political committee.

Name of Employer CAPTAINS COVE RESTAURANT Occupation OWNER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.5451

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
06			30			2015			

Amount of Each Receipt this Period

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

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

JEFFREY WINSLOW

Mailing Address PO BOX 130504

City CARLSBAD State CA Zip Code 92013

FEC ID number of contributing federal political committee.

Name of Employer JET AMG SERVICES, LLC Occupation CORPORATE JET BROKERAGE AND MANAGEMENT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.6071

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
06			28			2015			

Amount of Each Receipt this Period

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

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

JOHN ZAFARANLOO

Mailing Address 235 DONGAN HILLS AVE
2A

City STATEN ISLAND State NY Zip Code 10305

FEC ID number of contributing federal political committee.

Name of Employer JOHN K ZAFARANLOO MD PC Occupation PHYSICIAN

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.5704

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
06			18			2015			

Amount of Each Receipt this Period

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

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

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

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:

PAGE 33 / 122

(check only one)

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

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

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

Mailing Address **725 FIFTH AVENUE**

City State Zip Code
NEW YORK NY 10022

FEC ID number of contributing federal political committee. **C P80001571**

Name of Employer Occupation
THE TRUMP ORGANIZATION PRESIDENT/CEO

Receipt For: 2016
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼
1808796.87

Transaction ID : SA17D.4106

Date of Receipt
M M / D D / Y Y Y Y
06 27 2015

In-kind - PRE-PAID PAYROLL

Amount of Each Receipt this Period
4049.64

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

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

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

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

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

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

Amount of Each Receipt this Period

Subtotal Of Receipts This Page (optional).....▶ **4049.64**

Total This Period (last page this line number only).....▶ **4049.64**

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:

PAGE 34 / 122

(check only one)

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

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NAME OF COMMITTEE (In Full)

DONALD J. TRUMP FOR PRESIDENT, INC.

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

DONALD J. TRUMP

Mailing Address 725 FIFTH AVENUE

City State Zip Code
NEW YORK NY 10022

FEC ID number of contributing federal political committee. **C** P80001571

Name of Employer Occupation
THE TRUMP ORGANIZATION PRESIDENT/CEO

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
76500.00

Transaction ID : SA19A.4108

Date of Receipt

M M / D D / Y Y Y Y
04 / 08 / 2015

CANDIDATE LOAN

Amount of Each Receipt this Period
76500.00

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

DONALD J. TRUMP

Mailing Address 725 FIFTH AVENUE

City State Zip Code
NEW YORK NY 10022

FEC ID number of contributing federal political committee. **C** P80001571

Name of Employer Occupation
THE TRUMP ORGANIZATION PRESIDENT/CEO

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
292650.00

Transaction ID : SA19A.4109

Date of Receipt

M M / D D / Y Y Y Y
04 / 10 / 2015

CANDIDATE LOAN

Amount of Each Receipt this Period
216150.00

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

DONALD J. TRUMP

Mailing Address 725 FIFTH AVENUE

City State Zip Code
NEW YORK NY 10022

FEC ID number of contributing federal political committee. **C** P80001571

Name of Employer Occupation
THE TRUMP ORGANIZATION PRESIDENT/CEO

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
723100.00

Transaction ID : SA19A.4110

Date of Receipt

M M / D D / Y Y Y Y
05 / 14 / 2015

CANDIDATE LOAN

Amount of Each Receipt this Period
430450.00

Subtotal Of Receipts This Page (optional).....▶ 723100.00

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

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:

(check only one)

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

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NAME OF COMMITTEE (In Full)

DONALD J. TRUMP FOR PRESIDENT, INC.

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

Mailing Address **725 FIFTH AVENUE**

City State Zip Code
NEW YORK NY 10022

FEC ID number of contributing federal political committee. **C P80001571**

Name of Employer Occupation
THE TRUMP ORGANIZATION PRESIDENT/CEO

Receipt For: 2016
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼
1804747.23

Transaction ID : SA19A.4111

Date of Receipt
M M / D D / Y Y Y Y
06 16 2015

CANDIDATE LOAN

Amount of Each Receipt this Period
1081647.23

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

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

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

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

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

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

Amount of Each Receipt this Period

Subtotal Of Receipts This Page (optional).....▶ **1081647.23**

Total This Period (last page this line number only).....▶ **1804747.23**

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:
(check only one)

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

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

A. Full Name (Last, First, Middle Initial)
COLONIAL TAG AND LABEL

Mailing Address 425 NORTHERN BLVD
SUITE 36

City GREAT NECK State NY Zip Code 11021

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

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA20A.6205

Date of Receipt
M M / D D / Y Y Y Y
06 / 30 / 2015

VENDOR REFUND: PRINTING: T-SHIRTS

Amount of Each Receipt this Period
517.50

B. Full Name (Last, First, Middle Initial)
HOYT SHERMAN PLACE

Mailing Address 1501 WOODLAND AVENUE

City DES MOINES State IA Zip Code 50300

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

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA20A.6207

Date of Receipt
M M / D D / Y Y Y Y
06 / 30 / 2015

VENDOR REFUND: ROOM RENTAL

Amount of Each Receipt this Period
846.75

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

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

Amount of Each Receipt this Period

Subtotal Of Receipts This Page (optional).....▶ 1364.25

Total This Period (last page this line number only).....▶ 1364.25

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. A-D DISTRIBUTING CO., INC.		Date of Disbursement MM / DD / YYYY 06 / 15 / 2015
Mailing Address 612 E. GRAND		Transaction ID : SB23.6215
City DES MOINES	State IA	
Zip Code 50309	Purpose of Disbursement TTW - EVENT STAGING EXPENSE - FLAGS	Amount of Each Disbursement this Period 1769.14
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) B. ADVANCED BUSINESS GROUP, INC.		Date of Disbursement MM / DD / YYYY 05 / 15 / 2015
Mailing Address 266 WEST 47TH ST. 15TH FLOOR		Transaction ID : SB23.6494
City NEW YORK	State NY	
Zip Code 10018	Purpose of Disbursement TTW - PRINTING: POST CARDS [MILLER: SB23.6224]	Amount of Each Disbursement this Period 443.07
Candidate Name	Category/ Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) C. ALAN COBB & ASSOCIATES		Date of Disbursement MM / DD / YYYY 04 / 10 / 2015
Mailing Address 3429 SW STONYBROOK		Transaction ID : SB23.6217
City TOPEKA	State KS	
Zip Code 66614	Purpose of Disbursement TTW - STRATEGY CONSULTING	Amount of Each Disbursement this Period 10000.00
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Subtotal Of Receipts This Page (optional)..... 11769.14

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

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. ALAN COBB & ASSOCIATES		Date of Disbursement MM / DD / YYYY 05 / 05 / 2015
Mailing Address 3429 SW STONYBROOK		Transaction ID : SB23.6218
City TOPEKA State KS Zip Code 66614	Amount of Each Disbursement this Period 10000.00	
Purpose of Disbursement TTW - STRATEGY CONSULTING	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Full Name (Last, First, Middle Initial) B. ALAN COBB & ASSOCIATES		Date of Disbursement MM / DD / YYYY 05 / 31 / 2015
Mailing Address 3429 SW STONYBROOK		Transaction ID : SB23.6219
City TOPEKA State KS Zip Code 66614	Amount of Each Disbursement this Period 10000.00	
Purpose of Disbursement TTW - STRATEGY CONSULTING	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Full Name (Last, First, Middle Initial) C. ALAN COBB & ASSOCIATES		Date of Disbursement MM / DD / YYYY 06 / 16 / 2015
Mailing Address 3429 SW STONYBROOK		Transaction ID : SB23.6220
City TOPEKA State KS Zip Code 66614	Amount of Each Disbursement this Period 1578.03	
Purpose of Disbursement TTW - STRATEGY CONSULTING	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Subtotal Of Receipts This Page (optional)..... 21578.03

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

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. AMERICAN SOCIETY OF COMPOSERS, AUTHORS AND PUBLISHERS		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address PO BOX 331608-7515		Transaction ID : SB23.6229
City NASHVILLE	State TN	
Zip Code 37203	Purpose of Disbursement TTW - MUSIC LICENSING	Amount of Each Disbursement this Period 250.00
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) B. AMTRAK		Date of Disbursement MM / DD / YYYY 05 / 04 / 2015
Mailing Address 60 MASSACHUSETTS AVENUE NE		Transaction ID : SB23.6503
City WASHINGTON	State DC	
Zip Code 20549	Purpose of Disbursement TTW - TRAVEL: RAIL [ASTA: SB23.6241]	Amount of Each Disbursement this Period 478.00
Candidate Name	Category/ Type 101	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) C. AMTRAK		Date of Disbursement MM / DD / YYYY 06 / 22 / 2015
Mailing Address 60 MASSACHUSETTS AVENUE NE		Transaction ID : SB23.6579
City WASHINGTON	State DC	
Zip Code 20549	Purpose of Disbursement TRAVEL: RAIL [JOST: SB23.6452]	Amount of Each Disbursement this Period 191.00
Candidate Name	Category/ Type 101	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

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

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

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

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

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

Full Name (Last, First, Middle Initial) A. AMTRAK		Date of Disbursement MM / DD / YYYY 06 / 22 / 2015
Mailing Address 60 MASSACHUSETTS AVENUE NE		Transaction ID : SB23.6580
City WASHINGTON	State DC	
Purpose of Disbursement TRAVEL: RAIL [JOST: SB23.6452]	Category/ Type 101	Amount of Each Disbursement this Period 6,933.00
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. AMTRAK		Date of Disbursement MM / DD / YYYY 06 / 22 / 2015
Mailing Address 60 MASSACHUSETTS AVENUE NE		Transaction ID : SB23.6581
City WASHINGTON	State DC	
Purpose of Disbursement TRAVEL: RAIL [JOST: SB23.6452]	Category/ Type 101	Amount of Each Disbursement this Period 191.00
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. AON RISK SERVICES NORTHEAST, INC.		Date of Disbursement MM / DD / YYYY 05 / 27 / 2015
Mailing Address 199 WATER STREET		Transaction ID : SB23.6239
City NEW YORK	State NY	
Purpose of Disbursement TTW - INSURANCE	Category/ Type	Amount of Each Disbursement this Period 6933.00
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Subtotal Of Receipts This Page (optional)..... 6933.00

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

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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

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

Full Name (Last, First, Middle Initial) A. ASTA STRATEGIES		Date of Disbursement MM / DD / YYYY 05 / 04 / 2015
Mailing Address 2701 CALVERT ST. #1011		Transaction ID : SB23.6241
City WASHINGTON	State DC	
Purpose of Disbursement TTW - EXPENSE REIMBURSEMENT		Amount of Each Disbursement this Period 478.00
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) B. AVIS		Date of Disbursement MM / DD / YYYY 06 / 25 / 2015
Mailing Address 6 SYLVAN WAY		Transaction ID : SB23.6602
City PARSIPPANY	State NJ	
Purpose of Disbursement TRAVEL: GROUND TRANSPORTATION [UHER: SB23.6306]		Amount of Each Disbursement this Period 534.53
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State:	District:	

Full Name (Last, First, Middle Initial) C. BEIGNET DONE THAT		Date of Disbursement MM / DD / YYYY 05 / 27 / 2015
Mailing Address 200 THIRD STREET		Transaction ID : SB23.6500
City DAVENPORT	State IA	
Purpose of Disbursement TTW - TRAVEL: MEALS [MILLER: SB23.6226]		Amount of Each Disbursement this Period 6.42
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State:	District:	

Subtotal Of Receipts This Page (optional)..... 478.00

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

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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

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

Full Name (Last, First, Middle Initial) A. BMI		Date of Disbursement MM / DD / YYYY 06 / 14 / 2015
Mailing Address 10 MUSIC SQUARE E		Transaction ID : SB23.6246
City NASHVILLE	State TN	
Purpose of Disbursement TTW - MUSIC LICENSING	Candidate Name	Amount of Each Disbursement this Period 8147.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____ District: _____		

Full Name (Last, First, Middle Initial) B. BODY POLITIC, LLC		Date of Disbursement MM / DD / YYYY 04 / 10 / 2015
Mailing Address 902 EUCLID AVENUE		Transaction ID : SB23.6248
City DES MOINES	State IA	
Purpose of Disbursement TTW - FIELD CONSULTING	Candidate Name	Amount of Each Disbursement this Period 4000.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____ District: _____		

Full Name (Last, First, Middle Initial) C. BODY POLITIC, LLC		Date of Disbursement MM / DD / YYYY 04 / 30 / 2015
Mailing Address 902 EUCLID AVENUE		Transaction ID : SB23.6249
City DES MOINES	State IA	
Purpose of Disbursement TTW - FIELD CONSULTING	Candidate Name	Amount of Each Disbursement this Period 4000.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____ District: _____		

Subtotal Of Receipts This Page (optional)..... 8147.00

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

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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

Full Name (Last, First, Middle Initial) A. BODY POLITIC, LLC		Date of Disbursement MM / DD / YYYY 05 / 31 / 2015
Mailing Address 902 EUCLID AVENUE		Transaction ID : SB23.6250
City DES MOINES	State IA	
Purpose of Disbursement TTW - FIELD CONSULTING	Candidate Name	Amount of Each Disbursement this Period 4000.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____ District: _____		

Full Name (Last, First, Middle Initial) B. JAE CHO		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 725 FIFTH AVENUE		Transaction ID : SB23.6336
City NEW YORK	State NY	
Purpose of Disbursement TTW - EXPENSE REIMBURSEMENT	Candidate Name	Amount of Each Disbursement this Period 1292.29
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____ District: _____		

Full Name (Last, First, Middle Initial) C. MATTHEW CIEPIELOWSKI		Date of Disbursement MM / DD / YYYY 04 / 10 / 2015
Mailing Address 121 COUNTRY CLUB DRIVE #31		Transaction ID : SB23.6365
City MANCHESTER	State NH	
Purpose of Disbursement TTW - FIELD CONSULTING	Candidate Name	Amount of Each Disbursement this Period 1702.78
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____ District: _____		

Subtotal Of Receipts This Page (optional)..... 6995.07

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

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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Detailed Summary Page

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

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

Full Name (Last, First, Middle Initial) A. MATTHEW CIEPIELOWSKI		Date of Disbursement MM / DD / YYYY 04 / 10 / 2015
Mailing Address 121 COUNTRY CLUB DRIVE #31		Transaction ID : SB23.6366
City MANCHESTER	State NH	
Purpose of Disbursement TTW - FIELD CONSULTING		Amount of Each Disbursement this Period 8000.00
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) B. MATTHEW CIEPIELOWSKI		Date of Disbursement MM / DD / YYYY 05 / 05 / 2015
Mailing Address 121 COUNTRY CLUB DRIVE #31		Transaction ID : SB23.6367
City MANCHESTER	State NH	
Purpose of Disbursement TTW - FIELD CONSULTING		Amount of Each Disbursement this Period 8000.00
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) C. MATTHEW CIEPIELOWSKI		Date of Disbursement MM / DD / YYYY 05 / 22 / 2015
Mailing Address 121 COUNTRY CLUB DRIVE #31		Transaction ID : SB23.6368
City MANCHESTER	State NH	
Purpose of Disbursement TTW - FIELD CONSULTING		Amount of Each Disbursement this Period 5721.26
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Subtotal Of Receipts This Page (optional)..... 21721.26

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

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

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

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

Full Name (Last, First, Middle Initial) A. MATTHEW CIEPIELOWSKI		Date of Disbursement MM / DD / YYYY 06 / 11 / 2015
Mailing Address 121 COUNTRY CLUB DRIVE #31		Transaction ID : SB23.6369
City MANCHESTER	State NH	
Purpose of Disbursement TTW - FIELD CONSULTING		Amount of Each Disbursement this Period 10258.86
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) B. COLE HARGRAVE SNODGRASS AND ASSOCIATES		Date of Disbursement MM / DD / YYYY 05 / 15 / 2015
Mailing Address PO BOX 2034		Transaction ID : SB23.6282
City OKLAHOMA CITY	State OK	
Purpose of Disbursement TTW - POLLING EXPENSE		Amount of Each Disbursement this Period 28000.00
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) C. COLONIAL TAG AND LABEL		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 425 NORTHERN BLVD SUITE 36		Transaction ID : SB23.6283
City GREAT NECK	State NY	
Purpose of Disbursement TTW - PRINTING: T-SHIRTS		Amount of Each Disbursement this Period 6517.50
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Subtotal Of Receipts This Page (optional)..... 44776.36

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

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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Detailed Summary Page

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

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

Full Name (Last, First, Middle Initial) A. COLONIAL TAG AND LABEL		Date of Disbursement MM / DD / YYYY 06 / 23 / 2015
Mailing Address 425 NORTHERN BLVD SUITE 36		Transaction ID : SB23.6284
City GREAT NECK	State NY	
Purpose of Disbursement PRINTING: T-SHIRTS	Category/ Type	Amount of Each Disbursement this Period 6284.62
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Full Name (Last, First, Middle Initial) B. COMMON MAN		Date of Disbursement MM / DD / YYYY 05 / 27 / 2015
Mailing Address I-93 SOUTH 25 SPRINGER ST		Transaction ID : SB23.6596
City HOOKSETT	State NH	
Purpose of Disbursement TTW - TRAVEL: MEALS [MILLER: SB23.6226]	Category/ Type	Amount of Each Disbursement this Period 1.19
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

[MEMO ITEM]

Full Name (Last, First, Middle Initial) C. COURTYARD NASHUA		Date of Disbursement MM / DD / YYYY 04 / 15 / 2015
Mailing Address 2200 SOUTHWOOD DRIVE		Transaction ID : SB23.6286
City NASHUA	State NH	
Purpose of Disbursement TTW - ROOM RENTAL AND CATERING	Category/ Type	Amount of Each Disbursement this Period 3510.90
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Subtotal Of Receipts This Page (optional)..... 9795.52

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

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
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NAME OF COMMITTEE (In Full)
DONALD J. TRUMP FOR PRESIDENT, INC.

Full Name (Last, First, Middle Initial) A. CREATIONS BY DOUG		Date of Disbursement MM / DD / YYYY 05 / 31 / 2015
Mailing Address 1654 GROUSE AVENUE		Transaction ID : SB23.6288
City LATIMER	State IA	
Purpose of Disbursement TTW - PHOTOGRAPHY SERVICES		Amount of Each Disbursement this Period 1797.60
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) B. CUB CLUB RESTAURANT		Date of Disbursement MM / DD / YYYY 05 / 15 / 2015
Mailing Address 1 LINE DRIVE		Transaction ID : SB23.6490
City DES MOINES	State IA	
Purpose of Disbursement TTW - TRAVEL: MEALS [MILLER: SB23.6222]		Amount of Each Disbursement this Period 15.60
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

[MEMO ITEM]

Full Name (Last, First, Middle Initial) C. CUB CLUB RESTAURANT		Date of Disbursement MM / DD / YYYY 05 / 27 / 2015
Mailing Address 1 LINE DRIVE		Transaction ID : SB23.6536
City DES MOINES	State IA	
Purpose of Disbursement TTW - TRAVEL: MEALS [SCHILLER: SB23.6355]		Amount of Each Disbursement this Period 9.51
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

[MEMO ITEM]

Subtotal Of Receipts This Page (optional)..... 1797.60

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

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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

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

Full Name (Last, First, Middle Initial) A. DAIRY QUEEN		Date of Disbursement MM / DD / YYYY 06 / 29 / 2015
Mailing Address 5814 HICKAM ROAD		Transaction ID : SB23.6557
City DES MOINES	State IA	
Zip Code 50322	Purpose of Disbursement TTW - TRAVEL: MEALS [SCHILLER: SB23.6357]	Amount of Each Disbursement this Period 14.06
Candidate Name	Category/ Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. DC CONNECT		Date of Disbursement MM / DD / YYYY 05 / 22 / 2015
Mailing Address 7102 S. OAK HILL CIR.		Transaction ID : SB23.6290
City AURORA	State CO	
Zip Code 80016	Purpose of Disbursement TTW - TELEMARKETING	Amount of Each Disbursement this Period 12758.33
Candidate Name	Category/ Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. DC CONNECT		Date of Disbursement MM / DD / YYYY 06 / 16 / 2015
Mailing Address 7102 S. OAK HILL CIR.		Transaction ID : SB23.6291
City AURORA	State CO	
Zip Code 80016	Purpose of Disbursement TTW - TELEMARKETING	Amount of Each Disbursement this Period 6000.00
Candidate Name	Category/ Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Subtotal Of Receipts This Page (optional)..... 18758.33

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

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. DELTA AIR LINES, INC.		Date of Disbursement MM / DD / YYYY 06 / 17 / 2015
Mailing Address 1030 DELTA BLVD		Transaction ID : SB23.6559
City ATLANTA	State GA Zip Code 30354	
Purpose of Disbursement TTW - TRAVEL: AIR [TELION: SB23.6483]	Category/Type	Amount of Each Disbursement this Period 768.20
Candidate Name	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

Full Name (Last, First, Middle Initial) B. DELTA AIR LINES, INC.		Date of Disbursement MM / DD / YYYY 06 / 17 / 2015
Mailing Address 1030 DELTA BLVD		Transaction ID : SB23.6560
City ATLANTA	State GA Zip Code 30354	
Purpose of Disbursement TTW - TRAVEL: AIR [TELION: SB23.6483]	Category/Type	Amount of Each Disbursement this Period 435.10
Candidate Name	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

Full Name (Last, First, Middle Initial) C. DRAKE VENTURES, LLC		Date of Disbursement MM / DD / YYYY 04 / 10 / 2015
Mailing Address 2524 BAYVIEW DRIVE		Transaction ID : SB23.6293
City FT. LAUDERDALE	State FL Zip Code 33305	
Purpose of Disbursement TTW - COMMUNICATIONS CONSULTING	Category/Type	Amount of Each Disbursement this Period 10000.00
Candidate Name	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

Subtotal Of Receipts This Page (optional)..... 10000.00

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

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

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

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

Full Name (Last, First, Middle Initial) A. DRAKE VENTURES, LLC		Date of Disbursement MM / DD / YYYY 05 / 15 / 2015
Mailing Address 2524 BAYVIEW DRIVE		Transaction ID : SB23.6294
City FT. LAUDERDALE	State FL	
Purpose of Disbursement TTW - COMMUNICATIONS CONSULTING		Amount of Each Disbursement this Period 10000.00
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type
State: District:		

Full Name (Last, First, Middle Initial) B. DRAKE VENTURES, LLC		Date of Disbursement MM / DD / YYYY 05 / 31 / 2015
Mailing Address 2524 BAYVIEW DRIVE		Transaction ID : SB23.6295
City FT. LAUDERDALE	State FL	
Purpose of Disbursement TTW - COMMUNICATIONS CONSULTING		Amount of Each Disbursement this Period 10000.00
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type
State: District:		

Full Name (Last, First, Middle Initial) C. DYNAMIC ADVERTISING SOLUTIONS		Date of Disbursement MM / DD / YYYY 06 / 17 / 2015
Mailing Address 6060 RIDGE AVE. SUITE 200		Transaction ID : SB23.6297
City PHILADELPHIA	State PA	
Purpose of Disbursement PRINTING: STICKERS		Amount of Each Disbursement this Period 593.95
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type
State: District:		

Subtotal Of Receipts This Page (optional)..... 20593.95

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

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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

Full Name (Last, First, Middle Initial) A. DYNAMIC ADVERTISING SOLUTIONS, INC.		Date of Disbursement MM / DD / YYYY 05 / 15 / 2015
Mailing Address 6060 RIDGE AVE. SUITE 200		Transaction ID : SB23.6492
City PHILADELPHIA State PA Zip Code 19128	Purpose of Disbursement TTW - PRINTING: STICKERS [MILLER: SB23.6223]	
Candidate Name	Category/Type	Amount of Each Disbursement this Period 401.95
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. DYNAMIC ADVERTISING SOLUTIONS, INC.		Date of Disbursement MM / DD / YYYY 05 / 27 / 2015
Mailing Address 6060 RIDGE AVE. SUITE 200		Transaction ID : SB23.6498
City PHILADELPHIA State PA Zip Code 19128	Purpose of Disbursement TTW - PRINTING: STICKERS [MILLER: SB23.6226]	
Candidate Name	Category/Type	Amount of Each Disbursement this Period 1382.76
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) C. DYNAMIC ADVERTISING SOLUTIONS, INC.		Date of Disbursement MM / DD / YYYY 06 / 05 / 2015
Mailing Address 6060 RIDGE AVE. SUITE 200		Transaction ID : SB23.6501
City PHILADELPHIA State PA Zip Code 19128	Purpose of Disbursement TTW - PRINTING: STICKERS [MILLER: SB23.6227]	
Candidate Name	Category/Type	Amount of Each Disbursement this Period 527.67
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State: District:		

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

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

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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Detailed Summary Page

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

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

Full Name (Last, First, Middle Initial) A. EVENT STRATEGIES		Date of Disbursement MM / DD / YYYY 06 / 10 / 2015
Mailing Address 211 N. UNION STREET, SUITE 220		Transaction ID : SB23.6299
City ALEXANDRIA State VA Zip Code 22314	Amount of Each Disbursement this Period 51250.00	
Purpose of Disbursement TTW - EVENT STAGING EXPENSE	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. EXPRESS LIMOUSINE SERVICE		Date of Disbursement MM / DD / YYYY 05 / 07 / 2015
Mailing Address 840 LIBERTY WAY SUITE 1		Transaction ID : SB23.6301
City NORTH LIBERTY State IA Zip Code 52317	Amount of Each Disbursement this Period 1633.90	
Purpose of Disbursement TTW - GROUND TRANSPORTATION	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. FEDEX OFFICE		Date of Disbursement MM / DD / YYYY 05 / 15 / 2015
Mailing Address 1001 CASS ST.		Transaction ID : SB23.6303
City OMAHA State NE Zip Code 68102	Amount of Each Disbursement this Period 3789.42	
Purpose of Disbursement TTW - PRINTING: HANDOUTS	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Subtotal Of Receipts This Page (optional)..... 56673.32

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

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

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

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

Full Name (Last, First, Middle Initial) A. GEECHEE COMMUNICATIONS, LLC		Date of Disbursement MM / DD / YYYY 04 / 10 / 2015
Mailing Address 2401 DANIEL ISLAND DRIVE		Transaction ID : SB23.6308
City CHARLESTON State SC Zip Code 29492	Amount of Each Disbursement this Period 50000.00	
Purpose of Disbursement TTW - STRATEGY CONSULTING	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. GEECHEE COMMUNICATIONS, LLC		Date of Disbursement MM / DD / YYYY 05 / 15 / 2015
Mailing Address 2401 DANIEL ISLAND DRIVE		Transaction ID : SB23.6309
City CHARLESTON State SC Zip Code 29492	Amount of Each Disbursement this Period 117.30	
Purpose of Disbursement TTW - STRATEGY CONSULTING	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. GEECHEE COMMUNICATIONS, LLC		Date of Disbursement MM / DD / YYYY 05 / 15 / 2015
Mailing Address 2401 DANIEL ISLAND DRIVE		Transaction ID : SB23.6310
City CHARLESTON State SC Zip Code 29492	Amount of Each Disbursement this Period 1402.09	
Purpose of Disbursement TTW - STRATEGY CONSULTING	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Subtotal Of Receipts This Page (optional)..... 51519.39

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

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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Detailed Summary Page

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

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

Full Name (Last, First, Middle Initial) A. GEECHEE COMMUNICATIONS, LLC		Date of Disbursement MM / DD / YYYY 05 / 15 / 2015
Mailing Address 2401 DANIEL ISLAND DRIVE		Transaction ID : SB23.6311
City CHARLESTON State SC Zip Code 29492	Amount of Each Disbursement this Period 25000.00	
Purpose of Disbursement TTW - STRATEGY CONSULTING	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Full Name (Last, First, Middle Initial) B. GEECHEE COMMUNICATIONS, LLC		Date of Disbursement MM / DD / YYYY 06 / 16 / 2015
Mailing Address 2401 DANIEL ISLAND DRIVE		Transaction ID : SB23.6312
City CHARLESTON State SC Zip Code 29492	Amount of Each Disbursement this Period 25000.00	
Purpose of Disbursement TTW - STRATEGY CONSULTING	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Full Name (Last, First, Middle Initial) C. ANDREW GEORGEVITS		Date of Disbursement MM / DD / YYYY 04 / 10 / 2015
Mailing Address 481 MOUNTAIN RD.		Transaction ID : SB23.6231
City CONCORD State NH Zip Code 03301	Amount of Each Disbursement this Period 2149.62	
Purpose of Disbursement TTW - FIELD CONSULTING	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Subtotal Of Receipts This Page (optional)..... 52149.62

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

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

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

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

Full Name (Last, First, Middle Initial) A. ANDREW GEORGEVITS		Date of Disbursement MM / DD / YYYY 04 / 10 / 2015
Mailing Address 481 MOUNTAIN RD.		Transaction ID : SB23.6232
City CONCORD	State NH	
Purpose of Disbursement TTW - FIELD CONSULTING	Candidate Name	Amount of Each Disbursement this Period 2625.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____ District: _____		

Full Name (Last, First, Middle Initial) B. ANDREW GEORGEVITS		Date of Disbursement MM / DD / YYYY 05 / 05 / 2015
Mailing Address 481 MOUNTAIN RD.		Transaction ID : SB23.6233
City CONCORD	State NH	
Purpose of Disbursement TTW - FIELD CONSULTING	Candidate Name	Amount of Each Disbursement this Period 5250.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____ District: _____		

Full Name (Last, First, Middle Initial) C. ANDREW GEORGEVITS		Date of Disbursement MM / DD / YYYY 05 / 22 / 2015
Mailing Address 481 MOUNTAIN RD.		Transaction ID : SB23.6234
City CONCORD	State NH	
Purpose of Disbursement TTW - FIELD CONSULTING	Candidate Name	Amount of Each Disbursement this Period 13641.48
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____ District: _____		

Subtotal Of Receipts This Page (optional)..... 21516.48

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

SCHEDULE B-P
ITEMIZED DISBURSEMENTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one) PAGE 56 / 122

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

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

Full Name (Last, First, Middle Initial) A. ANDREW GEORGEVITS		Date of Disbursement	
Mailing Address 481 MOUNTAIN RD.		MM / DD / YYYY 06 / 11 / 2015	
City	State	Zip Code	Transaction ID : SB23.6235
CONCORD	NH	03301	
Purpose of Disbursement TTW - FIELD CONSULTING		Amount of Each Disbursement this Period	
Candidate Name		11144.82	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016	
State: District:		<input checked="checked" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. GILES-PARSCALE		Date of Disbursement	
Mailing Address 321 6TH STREET		MM / DD / YYYY 05 / 15 / 2015	
City	State	Zip Code	Transaction ID : SB23.6317
SAN ANTONIO	TX	78215	
Purpose of Disbursement TTW - WEBSITE DEVELOPMENT		Amount of Each Disbursement this Period	
Candidate Name		8200.00	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016	
State: District:		<input checked="checked" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. GILES-PARSCALE		Date of Disbursement	
Mailing Address 321 6TH STREET		MM / DD / YYYY 06 / 16 / 2015	
City	State	Zip Code	Transaction ID : SB23.6318
SAN ANTONIO	TX	78215	
Purpose of Disbursement TTW - WEB DEVELOPMENT		Amount of Each Disbursement this Period	
Candidate Name		2000.00	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016	
State: District:		<input checked="checked" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Subtotal Of Receipts This Page (optional)..... 21344.82

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

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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

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

Full Name (Last, First, Middle Initial) A. GLOBAL AUDIO SYSTEMS		Date of Disbursement MM / DD / YYYY 06 / 22 / 2015
Mailing Address 11 VISTA LANE		Transaction ID : SB23.6320
City MELVILLE	State NY	
Zip Code 11747	Purpose of Disbursement AUDIO VISUAL SERVICES	Amount of Each Disbursement this Period 4139.19
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. GLOBAL INTERMEDIATE LLC		Date of Disbursement MM / DD / YYYY 06 / 11 / 2015
Mailing Address 6601 WESTOWNPKWY., SUITE 240		Transaction ID : SB23.6322
City WEST DES MOINES	State IA	
Zip Code 50266	Purpose of Disbursement TTW - DIRECT MAIL: PRINTING AND POSTAGE	Amount of Each Disbursement this Period 7208.32
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. GREEN MONSTER CONSULTING, LLC		Date of Disbursement MM / DD / YYYY 04 / 10 / 2015
Mailing Address PO BOX 1492		Transaction ID : SB23.6324
City SALEM	State NH	
Zip Code 03079	Purpose of Disbursement TTW - STRATEGY CONSULTING	Amount of Each Disbursement this Period 29267.70
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Subtotal Of Receipts This Page (optional)..... 40615.21

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

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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

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

Full Name (Last, First, Middle Initial) A. GREEN MONSTER CONSULTING, LLC		Date of Disbursement MM / DD / YYYY 05 / 15 / 2015
Mailing Address PO BOX 1492		Transaction ID : SB23.6325
City SALEM	State NH	
Purpose of Disbursement TTW - STRATEGY CONSULTING		Amount of Each Disbursement this Period 8510.13
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) B. GREEN MONSTER CONSULTING, LLC		Date of Disbursement MM / DD / YYYY 05 / 15 / 2015
Mailing Address PO BOX 1492		Transaction ID : SB23.6326
City SALEM	State NH	
Purpose of Disbursement TTW - STRATEGY CONSULTING		Amount of Each Disbursement this Period 20000.00
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) C. GREEN MONSTER CONSULTING, LLC		Date of Disbursement MM / DD / YYYY 06 / 16 / 2015
Mailing Address PO BOX 1492		Transaction ID : SB23.6327
City SALEM	State NH	
Purpose of Disbursement TTW - STRATEGY CONSULTING		Amount of Each Disbursement this Period 28031.67
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Subtotal Of Receipts This Page (optional)..... 56541.80

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

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. HEY GOOD COOKIES		Date of Disbursement MM / DD / YYYY 06 / 26 / 2015
Mailing Address 1310 18TH ST		Transaction ID : SB23.6516
City SPIRIT LAKE	State IA	
Purpose of Disbursement TTW - TRAVEL: MEALS [HUPKE: SB23.6275]		Amount of Each Disbursement this Period 8.77
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) B. HOPE HICKS		Date of Disbursement MM / DD / YYYY 05 / 04 / 2015
Mailing Address 725 5TH AVENUE 25TH FLOOR		Transaction ID : SB23.6329
City NEW YORK	State NY	
Purpose of Disbursement TTW - EXPENSE REIMBURSEMENT		Amount of Each Disbursement this Period 609.36
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) C. HOPE HICKS		Date of Disbursement MM / DD / YYYY 05 / 04 / 2015
Mailing Address 725 5TH AVENUE 25TH FLOOR		Transaction ID : SB23.6330
City NEW YORK	State NY	
Purpose of Disbursement TTW - EXPENSE REIMBURSEMENT		Amount of Each Disbursement this Period 838.14
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Subtotal Of Receipts This Page (optional)..... 1447.50

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

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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

Full Name (Last, First, Middle Initial) A. HILTON GARDEN INN		Date of Disbursement MM / DD / YYYY 05 / 15 / 2015
Mailing Address 101 SOUTH COMMERCIAL STREET		Transaction ID : SB23.6592
City MANCHESTER State NH Zip Code 03101	Amount of Each Disbursement this Period 260.51	
Purpose of Disbursement TTW - TRAVEL: LODGING [MILLER: SB23.6222]	Category/Type	[MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Full Name (Last, First, Middle Initial) B. HOYT SHERMAN PLACE		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 1501 WOODLAND AVENUE		Transaction ID : SB23.6331
City DES MOINES State IA Zip Code 50300	Amount of Each Disbursement this Period 8114.00	
Purpose of Disbursement TTW - ROOM RENTAL	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Full Name (Last, First, Middle Initial) C. CHRIS HUPKE		Date of Disbursement MM / DD / YYYY 04 / 10 / 2015
Mailing Address PO BOX 313		Transaction ID : SB23.6270
City LARCHWOOD State IA Zip Code 51241	Amount of Each Disbursement this Period 4000.00	
Purpose of Disbursement TTW - FIELD CONSULTING	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Subtotal Of Receipts This Page (optional)..... 12114.00

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

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
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NAME OF COMMITTEE (In Full)
DONALD J. TRUMP FOR PRESIDENT, INC.

Full Name (Last, First, Middle Initial) A. CHRIS HUPKE		Date of Disbursement MM / DD / YYYY 04 / 23 / 2015
Mailing Address PO BOX 313		Transaction ID : SB23.6271
City LARCHWOOD	State IA	
Purpose of Disbursement TTW - FIELD CONSULTING	Candidate Name	Amount of Each Disbursement this Period 1265.60
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. CHRIS HUPKE		Date of Disbursement MM / DD / YYYY 05 / 01 / 2015
Mailing Address PO BOX 313		Transaction ID : SB23.6272
City LARCHWOOD	State IA	
Purpose of Disbursement TTW - FIELD CONSULTING	Candidate Name	Amount of Each Disbursement this Period 5830.56
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) C. CHRIS HUPKE		Date of Disbursement MM / DD / YYYY 05 / 31 / 2015
Mailing Address PO BOX 313		Transaction ID : SB23.6273
City LARCHWOOD	State IA	
Purpose of Disbursement TTW - FIELD CONSULTING	Candidate Name	Amount of Each Disbursement this Period 1164.45
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:	Category/Type	

Subtotal Of Receipts This Page (optional)..... 8260.61

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

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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Detailed Summary Page

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<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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

Full Name (Last, First, Middle Initial) A. CHRIS HUPKE		Date of Disbursement MM / DD / YYYY 06 / 05 / 2015
Mailing Address PO BOX 313		Transaction ID : SB23.6274
City LARCHWOOD State IA Zip Code 51241	Amount of Each Disbursement this Period 4000.00	
Purpose of Disbursement TTW - FIELD CONSULTING	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. CHRIS HUPKE		Date of Disbursement MM / DD / YYYY 06 / 26 / 2015
Mailing Address PO BOX 313		Transaction ID : SB23.6275
City LARCHWOOD State IA Zip Code 51241	Amount of Each Disbursement this Period 1945.81	
Purpose of Disbursement TRAVEL EXPENSE REIMBURSEMENT	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. CHRIS HUPKE		Date of Disbursement MM / DD / YYYY 06 / 26 / 2015
Mailing Address PO BOX 313		Transaction ID : SB23.6517
City LARCHWOOD State IA Zip Code 51241	Amount of Each Disbursement this Period 128.80	
Purpose of Disbursement TTW - TRAVEL: MILEAGE [HUPKE: SB23.6275]	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Subtotal Of Receipts This Page (optional)..... 5945.81

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

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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

Full Name (Last, First, Middle Initial) A. CHRIS HUPKE		Date of Disbursement MM / DD / YYYY 06 / 26 / 2015
Mailing Address PO BOX 313		Transaction ID : SB23.6518
City LARCHWOOD State IA Zip Code 51241	Amount of Each Disbursement this Period 249.55	
Purpose of Disbursement TTW - TRAVEL: MILEAGE [HUPKE: SB23.6275]	Category/Type	[MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. CHRIS HUPKE		Date of Disbursement MM / DD / YYYY 06 / 26 / 2015
Mailing Address PO BOX 313		Transaction ID : SB23.6519
City LARCHWOOD State IA Zip Code 51241	Amount of Each Disbursement this Period 281.18	
Purpose of Disbursement TTW - TRAVEL: MILEAGE [HUPKE: SB23.6275]	Category/Type	[MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. CHRIS HUPKE		Date of Disbursement MM / DD / YYYY 06 / 26 / 2015
Mailing Address PO BOX 313		Transaction ID : SB23.6520
City LARCHWOOD State IA Zip Code 51241	Amount of Each Disbursement this Period 249.55	
Purpose of Disbursement TTW - TRAVEL: MILEAGE [HUPKE: SB23.6275]	Category/Type	[MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

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

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

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

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

Full Name (Last, First, Middle Initial) A. CHRIS HUPKE		Date of Disbursement MM / DD / YYYY 06 / 26 / 2015
Mailing Address PO BOX 313		Transaction ID : SB23.6521
City LARCHWOOD	State IA	
Purpose of Disbursement TTW - TRAVEL: MILEAGE [HUPKE: SB23.6275]		Amount of Each Disbursement this Period 287.50
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) B. CHRIS HUPKE		Date of Disbursement MM / DD / YYYY 06 / 26 / 2015
Mailing Address PO BOX 313		Transaction ID : SB23.6522
City LARCHWOOD	State IA	
Purpose of Disbursement TTW - TRAVEL: MILEAGE [HUPKE: SB23.6275]		Amount of Each Disbursement this Period 267.95
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) C. CHRIS HUPKE		Date of Disbursement MM / DD / YYYY 06 / 26 / 2015
Mailing Address PO BOX 313		Transaction ID : SB23.6523
City LARCHWOOD	State IA	
Purpose of Disbursement TTW - TRAVEL: MILEAGE [HUPKE: SB23.6275]		Amount of Each Disbursement this Period 339.25
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

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

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

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

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

Full Name (Last, First, Middle Initial) A. IOWA EVENTS CENTER		Date of Disbursement MM / DD / YYYY 05 / 13 / 2015
Mailing Address 730 THIRD STREET		Transaction ID : SB23.6333
City DES MOINES	State IA	
Purpose of Disbursement TTW - ROOM RENTAL AND CATERING		Amount of Each Disbursement this Period 420.02
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) B. IOWA EVENTS CENTER		Date of Disbursement MM / DD / YYYY 05 / 18 / 2015
Mailing Address 730 THIRD STREET		Transaction ID : SB23.6334
City DES MOINES	State IA	
Purpose of Disbursement TTW - ROOM RENTAL AND CATERING		Amount of Each Disbursement this Period 1389.89
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) C. JENSEN & ASSOCIATES, APC		Date of Disbursement MM / DD / YYYY 04 / 10 / 2015
Mailing Address 650 TOWN CENTER DRIVE 12TH FLOOR		Transaction ID : SB23.6340
City COSTA MESA	State CA	
Purpose of Disbursement TTW - LEGAL CONSULTING		Amount of Each Disbursement this Period 487.50
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Subtotal Of Receipts This Page (optional)..... 2297.41

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

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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

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

Full Name (Last, First, Middle Initial) A. JENSEN & ASSOCIATES, APC		Date of Disbursement MM / DD / YYYY 04 / 30 / 2015
Mailing Address 650 TOWN CENTER DRIVE 12TH FLOOR		Transaction ID : SB23.6341
City COSTA MESA	State CA	
Purpose of Disbursement TTW - LEGAL CONSULTING	Candidate Name	Amount of Each Disbursement this Period 75.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____ District: _____	Category/Type	

Full Name (Last, First, Middle Initial) B. JENSEN & ASSOCIATES, APC		Date of Disbursement MM / DD / YYYY 06 / 16 / 2015
Mailing Address 650 TOWN CENTER DRIVE 12TH FLOOR		Transaction ID : SB23.6342
City COSTA MESA	State CA	
Purpose of Disbursement TTW - LEGAL CONSULTING	Candidate Name	Amount of Each Disbursement this Period 2175.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____ District: _____	Category/Type	

Full Name (Last, First, Middle Initial) C. JENSEN & ASSOCIATES, APC		Date of Disbursement MM / DD / YYYY 06 / 22 / 2015
Mailing Address 650 TOWN CENTER DRIVE 12TH FLOOR		Transaction ID : SB23.6343
City COSTA MESA	State CA	
Purpose of Disbursement LEGAL CONSULTING	Candidate Name	Amount of Each Disbursement this Period 600.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____ District: _____	Category/Type	

Subtotal Of Receipts This Page (optional)..... 2850.00

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

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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

Full Name (Last, First, Middle Initial) A. JETBLUE		Date of Disbursement M M / D D / Y Y Y Y 05 / 22 / 2015	
Mailing Address 27-01 QUEENS PLAZA N		Transaction ID : SB23.6564	
City LONG ISLAND CITY	State NY	Zip Code 11101	Amount of Each Disbursement this Period 203.10
Purpose of Disbursement TTW - TRAVEL: AIR [JOST: SB23.6449]		Category/ Type	
Candidate Name		[MEMO ITEM]	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: _____ District: _____			
Full Name (Last, First, Middle Initial) B. JETBLUE		Date of Disbursement M M / D D / Y Y Y Y 05 / 31 / 2015	
Mailing Address 27-01 QUEENS PLAZA N		Transaction ID : SB23.6568	
City LONG ISLAND CITY	State NY	Zip Code 11101	Amount of Each Disbursement this Period 243.10
Purpose of Disbursement TTW - TRAVEL: AIR [JOST: SB23.6450]		Category/ Type	
Candidate Name		[MEMO ITEM]	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: _____ District: _____			
Full Name (Last, First, Middle Initial) C. JETBLUE		Date of Disbursement M M / D D / Y Y Y Y 06 / 08 / 2015	
Mailing Address 27-01 QUEENS PLAZA N		Transaction ID : SB23.6577	
City LONG ISLAND CITY	State NY	Zip Code 11101	Amount of Each Disbursement this Period 245.10
Purpose of Disbursement TTW - TRAVEL: AIR [JOST SB23.6451]		Category/ Type	
Candidate Name		[MEMO ITEM]	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: _____ District: _____			

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

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

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. JETHRO'S BBQ		Date of Disbursement MM / DD / YYYY 06 / 26 / 2015
Mailing Address 1480 22ND ST		Transaction ID : SB23.6514
City WEST DES MOINES	State IA	
Purpose of Disbursement TTW - TRAVEL: MEALS [HUPKE: SB23.6275]	Zip Code 50265	Amount of Each Disbursement this Period 6451.38
Candidate Name	Category/ Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. JKF INTERNATIONAL AIRPORT GARAGE		Date of Disbursement MM / DD / YYYY 06 / 25 / 2015
Mailing Address JOHN F KENNEDY INTERNATIONAL AIRPO TERMINAL 1		Transaction ID : SB23.6530
City NEW YORK	State NY	
Purpose of Disbursement TRAVEL: PARKING [UHER: SB23.6306]	Zip Code 11430	Amount of Each Disbursement this Period 66.00
Candidate Name	Category/ Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. JONES DAY		Date of Disbursement MM / DD / YYYY 04 / 23 / 2015
Mailing Address PO BOX 7805 BEN FRANKLIN STATION		Transaction ID : SB23.6345
City WASHINGTON	State DC	
Purpose of Disbursement TTW - LEGAL CONSULTING	Zip Code 20044	Amount of Each Disbursement this Period 6451.38
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Subtotal Of Receipts This Page (optional)..... 6451.38

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

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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Detailed Summary Page

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

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

Full Name (Last, First, Middle Initial) A. JONES DAY		Date of Disbursement MM / DD / YYYY 05 / 15 / 2015
Mailing Address PO BOX 7805 BEN FRANKLIN STATION		Transaction ID : SB23.6346
City WASHINGTON	State DC	
Purpose of Disbursement TTW - LEGAL CONSULTING	Zip Code 20044	Amount of Each Disbursement this Period 11501.50
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. JONES DAY		Date of Disbursement MM / DD / YYYY 05 / 27 / 2015
Mailing Address PO BOX 7805 BEN FRANKLIN STATION		Transaction ID : SB23.6347
City WASHINGTON	State DC	
Purpose of Disbursement TTW - LEGAL CONSULTING	Zip Code 20044	Amount of Each Disbursement this Period 26820.00
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. JONES DAY		Date of Disbursement MM / DD / YYYY 06 / 16 / 2015
Mailing Address PO BOX 7805 BEN FRANKLIN STATION		Transaction ID : SB23.6348
City WASHINGTON	State DC	
Purpose of Disbursement TTW - LEGAL CONSULTING	Zip Code 20044	Amount of Each Disbursement this Period 29287.50
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Subtotal Of Receipts This Page (optional)..... 67609.00

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

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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

Full Name (Last, First, Middle Initial) A. TIMOTHY JOST		Date of Disbursement MM / DD / YYYY 05 / 22 / 2015
Mailing Address C/O RED CURVE SOLUTIONS 500 CUMMINGS CENTER, SUITE 4400		Transaction ID : SB23.6449
City BEVERLY	State MA	
Purpose of Disbursement TTW - EXPENSE REIMBURSEMENT		Amount of Each Disbursement this Period 868.77
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) B. TIMOTHY JOST		Date of Disbursement MM / DD / YYYY 05 / 31 / 2015
Mailing Address C/O RED CURVE SOLUTIONS 500 CUMMINGS CENTER, SUITE 4400		Transaction ID : SB23.6450
City BEVERLY	State MA	
Purpose of Disbursement TTW - EXPENSE REIMBURSEMENT		Amount of Each Disbursement this Period 887.57
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) C. TIMOTHY JOST		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address C/O RED CURVE SOLUTIONS 500 CUMMINGS CENTER, SUITE 4400		Transaction ID : SB23.6451
City BEVERLY	State MA	
Purpose of Disbursement TTW - EXPENSE REIMBURSEMENT		Amount of Each Disbursement this Period 970.20
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Subtotal Of Receipts This Page (optional)..... 2726.54

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

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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

Full Name (Last, First, Middle Initial) A. TIMOTHY JOST		Date of Disbursement MM / DD / YYYY 06 / 22 / 2015
Mailing Address C/O RED CURVE SOLUTIONS 500 CUMMINGS CENTER, SUITE 4400		Transaction ID : SB23.6452
City BEVERLY	State MA	
Purpose of Disbursement TRAVEL EXPENSE REIMBURSEMENT		Amount of Each Disbursement this Period 896.35
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) B. RYAN KELLER		Date of Disbursement MM / DD / YYYY 05 / 31 / 2015
Mailing Address 902 EUCLID AVENUE		Transaction ID : SB23.6396
City DES MOINES	State IA	
Purpose of Disbursement TTW - FIELD CONSULTING		Amount of Each Disbursement this Period 1643.00
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) C. KOHL'S		Date of Disbursement MM / DD / YYYY 06 / 29 / 2015
Mailing Address MERLE HAY MALL		Transaction ID : SB23.6555
City DES MOINES	State IA	
Purpose of Disbursement TTW - EVENT SUPPLIES [SCHILLER: SB23.6357]		Amount of Each Disbursement this Period 31.80
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Subtotal Of Receipts This Page (optional)..... 2539.35

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

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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

Full Name (Last, First, Middle Initial) A. CHUCK LAUDNER		Date of Disbursement MM / DD / YYYY 04 / 10 / 2015
Mailing Address 500 RIVERVIEW DRIVE		Transaction ID : SB23.6277
City ROCKFORD	State IA	
Purpose of Disbursement TTW - FIELD CONSULTING	Candidate Name	Amount of Each Disbursement this Period 4608.99
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____ District: _____	Category/Type	

Full Name (Last, First, Middle Initial) B. CHUCK LAUDNER		Date of Disbursement MM / DD / YYYY 05 / 01 / 2015
Mailing Address 500 RIVERVIEW DRIVE		Transaction ID : SB23.6278
City ROCKFORD	State IA	
Purpose of Disbursement TTW - FIELD CONSULTING	Candidate Name	Amount of Each Disbursement this Period 2958.73
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____ District: _____	Category/Type	

Full Name (Last, First, Middle Initial) C. CHUCK LAUDNER		Date of Disbursement MM / DD / YYYY 05 / 15 / 2015
Mailing Address 500 RIVERVIEW DRIVE		Transaction ID : SB23.6279
City ROCKFORD	State IA	
Purpose of Disbursement TTW - FIELD CONSULTING	Candidate Name	Amount of Each Disbursement this Period 2253.89
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____ District: _____	Category/Type	

Subtotal Of Receipts This Page (optional)..... 9821.61

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

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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Detailed Summary Page

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<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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

Full Name (Last, First, Middle Initial) A. CHUCK LAUDNER		Date of Disbursement MM / DD / YYYY 05 / 27 / 2015
Mailing Address 500 RIVERVIEW DRIVE		Transaction ID : SB23.6280
City ROCKFORD	State IA	
Purpose of Disbursement TTW - FIELD CONSULTING	Category/ Type	Amount of Each Disbursement this Period 1784.31
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Full Name (Last, First, Middle Initial) B. LOGO LOC, LTD		Date of Disbursement MM / DD / YYYY 05 / 15 / 2015
Mailing Address 540 N. COMMERCIAL ST.		Transaction ID : SB23.6359
City MANCHESTER	State NH	
Purpose of Disbursement TTW - PRINTING: T-SHIRTS	Category/ Type	Amount of Each Disbursement this Period 3425.00
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Full Name (Last, First, Middle Initial) C. MACY'S		Date of Disbursement MM / DD / YYYY 06 / 29 / 2015
Mailing Address 90-01 QUEENS BLVD		Transaction ID : SB23.6553
City ELMHURST	State NY	
Purpose of Disbursement TTW - EVENT SUPPLIES [SCHILLER: SB23.6357]	Category/ Type	Amount of Each Disbursement this Period 94.85
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Subtotal Of Receipts This Page (optional)..... 5209.31

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

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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

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

Full Name (Last, First, Middle Initial) A. MANCHESTER COMMUNITY COLLEGE		Date of Disbursement MM / DD / YYYY 06 / 11 / 2015
Mailing Address 1066 FRONT STREET		Transaction ID : SB23.6361
City MANCHESTER	State NH	
Purpose of Disbursement TTW - ROOM RENTAL	Zip Code 03102	Amount of Each Disbursement this Period 722.50
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. MATRIX2., INC.		Date of Disbursement MM / DD / YYYY 05 / 15 / 2015
Mailing Address 1903 NW 97TH AVE.		Transaction ID : SB23.6363
City DORAL	State FL	
Purpose of Disbursement TTW - PRINTING: POSTCARDS	Zip Code 33172	Amount of Each Disbursement this Period 697.64
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. GERRI MCDANIEL		Date of Disbursement MM / DD / YYYY 05 / 05 / 2015
Mailing Address 1706 27TH AVE. NORTH		Transaction ID : SB23.6314
City NORTH MYRTLE BEACH	State SC	
Purpose of Disbursement TTW - FIELD CONSULTING	Zip Code 29582	Amount of Each Disbursement this Period 5000.00
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Subtotal Of Receipts This Page (optional)..... 6420.14

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

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
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NAME OF COMMITTEE (In Full)
DONALD J. TRUMP FOR PRESIDENT, INC.

Full Name (Last, First, Middle Initial) A. GERRI MCDANIEL		Date of Disbursement MM / DD / YYYY 05 / 31 / 2015
Mailing Address 1706 27TH AVE. NORTH		Transaction ID : SB23.6315
City NORTH MYRTLE BEACH	State SC	
Purpose of Disbursement TTW - FIELD CONSULTING	Category/Type	Amount of Each Disbursement this Period 5473.29
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		

Full Name (Last, First, Middle Initial) B. MCDONALD'S		Date of Disbursement MM / DD / YYYY 05 / 27 / 2015
Mailing Address 4201 FLEUR DRIVE		Transaction ID : SB23.6535
City DES MOINES	State IA	
Purpose of Disbursement TTW - TRAVEL: MEALS [SCHILLER: SB23.6355]	Category/Type	Amount of Each Disbursement this Period 38.92
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		

[MEMO ITEM]

Full Name (Last, First, Middle Initial) C. MCDONALD'S		Date of Disbursement MM / DD / YYYY 05 / 27 / 2015
Mailing Address 545 DONELSON PIKE		Transaction ID : SB23.6538
City NASHVILLE	State TN	
Purpose of Disbursement TTW - TRAVEL: MEALS [SCHILLER: SB23.6355]	Category/Type	Amount of Each Disbursement this Period 46.41
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		

[MEMO ITEM]

Subtotal Of Receipts This Page (optional)..... 5473.29

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

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
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NAME OF COMMITTEE (In Full)
DONALD J. TRUMP FOR PRESIDENT, INC.

Full Name (Last, First, Middle Initial) A. MCDONALD'S		Date of Disbursement MM / DD / YYYY 05 / 27 / 2015
Mailing Address 4708 WILLIAMSBURG RD		Transaction ID : SB23.6544
City RICHMOND	State VA Zip Code 23231	
Purpose of Disbursement TTW - TRAVEL: MEALS [SCHILLER: SB23.6355]	Category/Type	Amount of Each Disbursement this Period 34.04
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	[MEMO ITEM]
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Full Name (Last, First, Middle Initial) B. MCDONALD'S		Date of Disbursement MM / DD / YYYY 05 / 27 / 2015
Mailing Address 2287 BROWN AVE		Transaction ID : SB23.6594
City MANCHESTER	State NH Zip Code 03103	
Purpose of Disbursement TTW - TRAVEL: MEALS [SCHILLER: SB23.6355]	Category/Type	Amount of Each Disbursement this Period 50.04
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	[MEMO ITEM]
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Full Name (Last, First, Middle Initial) C. MCDONALD'S		Date of Disbursement MM / DD / YYYY 06 / 29 / 2015
Mailing Address 1651 4TH STREET SW		Transaction ID : SB23.6546
City MASON CITY	State IA Zip Code 50401	
Purpose of Disbursement TRAVEL: MEALS [SCHILLER: SB23.6356]	Category/Type	Amount of Each Disbursement this Period 42.56
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	[MEMO ITEM]
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

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

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

**SCHEDULE B-P
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NAME OF COMMITTEE (In Full)
DONALD J. TRUMP FOR PRESIDENT, INC.

Full Name (Last, First, Middle Initial) A. MCDONALD'S		Date of Disbursement MM / DD / YYYY 06 / 29 / 2015
Mailing Address 4201 FLEUR DRIVE		Transaction ID : SB23.6549
City DES MOINES	State IA	
Purpose of Disbursement TRAVEL: MEALS [SCHILLER: SB23.6356]		Amount of Each Disbursement this Period 121.98
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) B. MCDONALD'S		Date of Disbursement MM / DD / YYYY 06 / 29 / 2015
Mailing Address 2816 SINGING HILLS BLVD		Transaction ID : SB23.6551
City SIOUX CITY	State IA	
Purpose of Disbursement TTW - TRAVEL: MEALS [SCHILLER: SB23.6357]		Amount of Each Disbursement this Period 61.59
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) C. MCDONALD'S		Date of Disbursement MM / DD / YYYY 06 / 29 / 2015
Mailing Address 49 GOSLING ROAD		Transaction ID : SB23.6600
City NEWINGTON	State NH	
Purpose of Disbursement TTW - TRAVEL: MEALS [SCHILLER: SB23.6357]		Amount of Each Disbursement this Period 62.18
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

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

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

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. METROCOM NYC INC.		Date of Disbursement MM / DD / YYYY 04 / 24 / 2015
Mailing Address 33 EAST 33RD STREET		Transaction ID : SB23.6373
City NEW YORK	State NY	
Zip Code 10016	Purpose of Disbursement TTW - EQUIPMENT PURCHASE	Amount of Each Disbursement this Period 6924.45
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. MICHAEL COLEMAN, LLC		Date of Disbursement MM / DD / YYYY 04 / 14 / 2015
Mailing Address 624 N. MAY STREET		Transaction ID : SB23.6375
City CHICAGO	State IL	
Zip Code 60642	Purpose of Disbursement TTW - DIGITAL DESIGN SERVICES	Amount of Each Disbursement this Period 650.00
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. MICROSOFT		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address ONE MICROSOFT WAY		Transaction ID : SB23.6532
City REDMOND	State WA	
Zip Code 98052	Purpose of Disbursement TTW - NETWORK SUPPORT [CHO: SB23.6336]	Amount of Each Disbursement this Period 979.88
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Subtotal Of Receipts This Page (optional)..... **7574.45**

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

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

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

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

Full Name (Last, First, Middle Initial) A. MICROSOFT		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address ONE MICROSOFT WAY		Transaction ID : SB23.6533
City REDMOND	State WA	
Zip Code 98052	Purpose of Disbursement TTW - NETWORK SUPPORT [CHO: SB23.6336]	Amount of Each Disbursement this Period 312.41
Candidate Name	Category/Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. AMANDA MILLER		Date of Disbursement MM / DD / YYYY 05 / 15 / 2015
Mailing Address 725 FIFTH AVE.		Transaction ID : SB23.6222
City NEW YORK	State NY	
Zip Code 10022	Purpose of Disbursement TTW - EXPENSE REIMBURSEMENT	Amount of Each Disbursement this Period 331.44
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. AMANDA MILLER		Date of Disbursement MM / DD / YYYY 05 / 15 / 2015
Mailing Address 725 FIFTH AVE.		Transaction ID : SB23.6223
City NEW YORK	State NY	
Zip Code 10022	Purpose of Disbursement TTW - EXPENSE REIMBURSEMENT	Amount of Each Disbursement this Period 401.95
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Subtotal Of Receipts This Page (optional)..... **733.39**

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

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

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

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

Full Name (Last, First, Middle Initial) A. AMANDA MILLER		Date of Disbursement MM / DD / YYYY 05 / 15 / 2015
Mailing Address 725 FIFTH AVE.		Transaction ID : SB23.6224
City NEW YORK	State NY	
Purpose of Disbursement TTW - EXPENSE REIMBURSEMENT	Candidate Name	Amount of Each Disbursement this Period 443.07
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		

Full Name (Last, First, Middle Initial) B. AMANDA MILLER		Date of Disbursement MM / DD / YYYY 05 / 22 / 2015
Mailing Address 725 FIFTH AVE.		Transaction ID : SB23.6225
City NEW YORK	State NY	
Purpose of Disbursement TTW - EXPENSE REIMBURSEMENT	Candidate Name	Amount of Each Disbursement this Period 495.60
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		

Full Name (Last, First, Middle Initial) C. AMANDA MILLER		Date of Disbursement MM / DD / YYYY 05 / 27 / 2015
Mailing Address 725 FIFTH AVE.		Transaction ID : SB23.6226
City NEW YORK	State NY	
Purpose of Disbursement TTW - EXPENSE REIMBURSEMENT	Candidate Name	Amount of Each Disbursement this Period 1390.37
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		

Subtotal Of Receipts This Page (optional)..... 2329.04

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

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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Detailed Summary Page

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

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

Full Name (Last, First, Middle Initial) A. AMANDA MILLER		Date of Disbursement MM / DD / YYYY 06 / 05 / 2015
Mailing Address 725 FIFTH AVE.		Transaction ID : SB23.6227
City NEW YORK	State NY	
Zip Code 10022	Purpose of Disbursement TTW - EXPENSE REIMBURSEMENT	Amount of Each Disbursement this Period 527.67
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) B. MMT-NEW YORK		Date of Disbursement MM / DD / YYYY 06 / 11 / 2015
Mailing Address 10 EAST 34TH STREET 9TH FLOOR		Transaction ID : SB23.6377
City NEW YORK	State NY	
Zip Code 10016	Purpose of Disbursement TTW - PRINTING: BANNER	Amount of Each Disbursement this Period 518.75
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) C. ZACH MONTANARO		Date of Disbursement MM / DD / YYYY 05 / 05 / 2015
Mailing Address 9 GLENWOOD RD.		Transaction ID : SB23.6478
City WINDHAM	State NH	
Zip Code 03087	Purpose of Disbursement TTW - FIELD CONSULTING	Amount of Each Disbursement this Period 2500.00
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Subtotal Of Receipts This Page (optional)..... 3546.42

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

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

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

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

Full Name (Last, First, Middle Initial) A. ZACH MONTANARO		Date of Disbursement MM / DD / YYYY 05 / 15 / 2015
Mailing Address 9 GLENWOOD RD.		Transaction ID : SB23.6479
City WINDHAM	State NH	
Purpose of Disbursement TTW - FIELD CONSULTING	Candidate Name	Amount of Each Disbursement this Period 134.25
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____ District: _____		

Full Name (Last, First, Middle Initial) B. ZACH MONTANARO		Date of Disbursement MM / DD / YYYY 06 / 05 / 2015
Mailing Address 9 GLENWOOD RD.		Transaction ID : SB23.6480
City WINDHAM	State NH	
Purpose of Disbursement TTW - FIELD CONSULTING	Candidate Name	Amount of Each Disbursement this Period 3065.50
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____ District: _____		

Full Name (Last, First, Middle Initial) C. MUSIC EXPRESS INC.		Date of Disbursement MM / DD / YYYY 05 / 15 / 2015
Mailing Address 1801 W. OLYMPIC BLVD.		Transaction ID : SB23.6379
City PASADENA	State CA	
Purpose of Disbursement TTW - GROUND TRANSPORTATION	Candidate Name	Amount of Each Disbursement this Period 3709.73
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____ District: _____		

Subtotal Of Receipts This Page (optional)..... 6909.48

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

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. MUSIC EXPRESS INC.		Date of Disbursement MM / DD / YYYY 06 / 05 / 2015
Mailing Address 1801 W. OLYMPIC BLVD.		Transaction ID : SB23.6380
City PASADENA State CA Zip Code 91199	Amount of Each Disbursement this Period 2225.10	
Purpose of Disbursement TTW - GROUND TRANSPORTATION	Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Full Name (Last, First, Middle Initial) B. MUSIC EXPRESS INC.		Date of Disbursement MM / DD / YYYY 06 / 16 / 2015
Mailing Address 1801 W. OLYMPIC BLVD.		Transaction ID : SB23.6381
City PASADENA State CA Zip Code 91199	Amount of Each Disbursement this Period 721.05	
Purpose of Disbursement TTW - TRAVEL: GROUND TRANSPORTATION	Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Full Name (Last, First, Middle Initial) C. BRADLEY NAGEL		Date of Disbursement MM / DD / YYYY 05 / 01 / 2015
Mailing Address 1524 1ST AVENUE UNIT C		Transaction ID : SB23.6252
City CORALVILLE State IA Zip Code 52241	Amount of Each Disbursement this Period 4974.32	
Purpose of Disbursement TTW - FIELD CONSULTING	Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Subtotal Of Receipts This Page (optional)..... 7920.47

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

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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Detailed Summary Page

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

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

Full Name (Last, First, Middle Initial) A. BRADLEY NAGEL		Date of Disbursement MM / DD / YYYY 05 / 31 / 2015
Mailing Address 1524 1ST AVENUE UNIT C		Transaction ID : SB23.6253
City CORALVILLE	State IA	
Purpose of Disbursement TTW - FIELD CONSULTING	Candidate Name	Amount of Each Disbursement this Period 1163.29
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	Category/ Type

Full Name (Last, First, Middle Initial) B. BRADLEY NAGEL		Date of Disbursement MM / DD / YYYY 06 / 05 / 2015
Mailing Address 1524 1ST AVENUE UNIT C		Transaction ID : SB23.6254
City CORALVILLE	State IA	
Purpose of Disbursement TTW - FIELD CONSULTING	Candidate Name	Amount of Each Disbursement this Period 3500.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	Category/ Type

Full Name (Last, First, Middle Initial) C. BRADLEY NAGEL		Date of Disbursement MM / DD / YYYY 06 / 16 / 2015
Mailing Address 1524 1ST AVENUE UNIT C		Transaction ID : SB23.6255
City CORALVILLE	State IA	
Purpose of Disbursement TTW - FIELD CONSULTING	Candidate Name	Amount of Each Disbursement this Period 687.32
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	Category/ Type

Subtotal Of Receipts This Page (optional)..... 5350.61

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

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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Detailed Summary Page

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

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

Full Name (Last, First, Middle Initial) A. NEW HAMPSHIRE UNION LEADER		Date of Disbursement MM / DD / YYYY 04 / 15 / 2015
Mailing Address 100 WILLIAM LOEB DR.		Transaction ID : SB23.6383
City MANCHESTER	State NH	
Purpose of Disbursement TTW - PLACED MEDIA	Zip Code 03109	Amount of Each Disbursement this Period 16762.26
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. NEW YORK INTERNATIONAL BUILDERS CORP.		Date of Disbursement MM / DD / YYYY 06 / 14 / 2015
Mailing Address 6 POINT CRESCENT		Transaction ID : SB23.6385
City MALBA	State NY	
Purpose of Disbursement TTW - EVENT STAGING EXPENSE	Zip Code 11357	Amount of Each Disbursement this Period 9600.00
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. SAM NUNBERG		Date of Disbursement MM / DD / YYYY 05 / 01 / 2015
Mailing Address 535 EAST 86TH STREET		Transaction ID : SB23.6398
City NEW YORK	State NY	
Purpose of Disbursement TTW - COMMUNICATIONS CONSULTING	Zip Code 10028	Amount of Each Disbursement this Period 7500.00
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Subtotal Of Receipts This Page (optional)..... 33862.26

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

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
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NAME OF COMMITTEE (In Full)
DONALD J. TRUMP FOR PRESIDENT, INC.

Full Name (Last, First, Middle Initial) A. SAM NUNBERG		Date of Disbursement MM / DD / YYYY 06 / 14 / 2015
Mailing Address 535 EAST 86TH STREET		Transaction ID : SB23.6399
City NEW YORK	State NY	
Zip Code 10028	Purpose of Disbursement TTW - COMMUNICATIONS CONSULTING	Amount of Each Disbursement this Period 7639.60
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. NYC TAXI		Date of Disbursement MM / DD / YYYY 05 / 22 / 2015
Mailing Address 180 GREENPOINT AVE		Transaction ID : SB23.6565
City BROOKLYN	State NY	
Zip Code 11222	Purpose of Disbursement TTW - TRAVEL: GROUND TRANSPORTATION [JOST: SB23.6449]	Amount of Each Disbursement this Period 25.56
Candidate Name	Category/ Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. NYC TAXI		Date of Disbursement MM / DD / YYYY 05 / 22 / 2015
Mailing Address 180 GREENPOINT AVE		Transaction ID : SB23.6566
City BROOKLYN	State NY	
Zip Code 11222	Purpose of Disbursement TTW - TRAVEL: GROUND TRANSPORTATION [JOST: SB23.6449]	Amount of Each Disbursement this Period 70.01
Candidate Name	Category/ Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Subtotal Of Receipts This Page (optional)..... 7639.60

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

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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

Full Name (Last, First, Middle Initial) A. NYC TAXI		Date of Disbursement MM / DD / YYYY 05 / 31 / 2015
Mailing Address 180 GREENPOINT AVE		Transaction ID : SB23.6569
City BROOKLYN	State NY	
Zip Code 11222	Purpose of Disbursement TTW - TRAVEL: GROUND TRANSPORTATION [JOST: SB23.6450]	Amount of Each Disbursement this Period 14.75
Candidate Name	Category/ Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. NYC TAXI		Date of Disbursement MM / DD / YYYY 05 / 31 / 2015
Mailing Address 180 GREENPOINT AVE		Transaction ID : SB23.6570
City BROOKLYN	State NY	
Zip Code 11222	Purpose of Disbursement TTW - TRAVEL: GROUND TRANSPORTATION [JOST: SB23.6450]	Amount of Each Disbursement this Period 15.35
Candidate Name	Category/ Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. NYC TAXI		Date of Disbursement MM / DD / YYYY 05 / 31 / 2015
Mailing Address 180 GREENPOINT AVE		Transaction ID : SB23.6571
City BROOKLYN	State NY	
Zip Code 11222	Purpose of Disbursement TTW - TRAVEL: GROUND TRANSPORTATION [JOST: SB23.6450]	Amount of Each Disbursement this Period 12.36
Candidate Name	Category/ Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

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

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

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

DONALD J. TRUMP FOR PRESIDENT, INC.

Full Name (Last, First, Middle Initial) A. NYC TAXI		Date of Disbursement MM / DD / YYYY 05 / 31 / 2015	
Mailing Address 180 GREENPOINT AVE		Transaction ID : SB23.6572	
City BROOKLYN	State NY	Zip Code 11222	Amount of Each Disbursement this Period 15.36
Purpose of Disbursement TTW - TRAVEL: GROUND TRANSPORTATION [JOST: SB23.6450]		Category/ Type	
Candidate Name		[MEMO ITEM]	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State:	District:		
Full Name (Last, First, Middle Initial) B. NYC TAXI		Date of Disbursement MM / DD / YYYY 05 / 31 / 2015	
Mailing Address 180 GREENPOINT AVE		Transaction ID : SB23.6573	
City BROOKLYN	State NY	Zip Code 11222	Amount of Each Disbursement this Period 16.55
Purpose of Disbursement TTW - TRAVEL: GROUND TRANSPORTATION [JOST: SB23.6450]		Category/ Type	
Candidate Name		[MEMO ITEM]	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State:	District:		
Full Name (Last, First, Middle Initial) C. NYC TAXI		Date of Disbursement MM / DD / YYYY 06 / 22 / 2015	
Mailing Address 180 GREENPOINT AVE		Transaction ID : SB23.6582	
City BROOKLYN	State NY	Zip Code 11222	Amount of Each Disbursement this Period 44.79
Purpose of Disbursement TRAVEL: GROUND TRANSPORTATION [JOST: SB23.6452]		Category/ Type	
Candidate Name		[MEMO ITEM]	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State:	District:		

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

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

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

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

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

Full Name (Last, First, Middle Initial) A. NYC TAXI		Date of Disbursement MM / DD / YYYY 06 / 22 / 2015
Mailing Address 180 GREENPOINT AVE		Transaction ID : SB23.6583
City BROOKLYN	State NY	
Purpose of Disbursement TRAVEL: GROUND TRANSPORTATION [JOST: SB23.6452]		Amount of Each Disbursement this Period 19.56
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) B. NYC TAXI		Date of Disbursement MM / DD / YYYY 06 / 24 / 2015
Mailing Address 180 GREENPOINT AVE		Transaction ID : SB23.6525
City BROOKLYN	State NY	
Purpose of Disbursement TRAVEL: GROUND TRANSPORTATION [UHER: SB23.6305]		Amount of Each Disbursement this Period 34.50
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) C. NYC TAXI		Date of Disbursement MM / DD / YYYY 06 / 24 / 2015
Mailing Address 180 GREENPOINT AVE		Transaction ID : SB23.6526
City BROOKLYN	State NY	
Purpose of Disbursement TRAVEL: GROUND TRANSPORTATION [UHER: SB23.6305]		Amount of Each Disbursement this Period 33.84
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

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

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

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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

Full Name (Last, First, Middle Initial) A. OLDE BOSTON'S		Date of Disbursement MM / DD / YYYY 06 / 26 / 2015
Mailing Address 809 CENTRAL AVE		Transaction ID : SB23.6507
City FORT DODGE	State IA	
Purpose of Disbursement TTW - TRAVEL: MEALS [HUPKE: SB23.6275]		Amount of Each Disbursement this Period 17.41
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. OSCEOLA COUNTY AUDITOR		Date of Disbursement MM / DD / YYYY 06 / 26 / 2015
Mailing Address 300 7TH STREET		Transaction ID : SB23.6505
City SIBLEY	State IA	
Purpose of Disbursement TTW - PRINTING SERVICES [HUPKE: SB23.6275]		Amount of Each Disbursement this Period 10.00
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) C. PRINTS COPY CENTER		Date of Disbursement MM / DD / YYYY 05 / 15 / 2015
Mailing Address 118 S. SHERMAN		Transaction ID : SB23.6387
City AMES	State IA	
Purpose of Disbursement TTW - COLLATERAL: BUTTONS		Amount of Each Disbursement this Period 369.15
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Subtotal Of Receipts This Page (optional)..... 369.15

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

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. RED CURVE SOLUTIONS		Date of Disbursement MM / DD / YYYY 04 / 10 / 2015
Mailing Address 500 CUMMINGS CENTER SUITE 4400		Transaction ID : SB23.6391
City BEVERLY	State MA Zip Code 01915	
Purpose of Disbursement TTW - COMPLIANCE CONSULTING	Category/Type	Amount of Each Disbursement this Period 6000.00
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		

Full Name (Last, First, Middle Initial) B. RED CURVE SOLUTIONS		Date of Disbursement MM / DD / YYYY 05 / 15 / 2015
Mailing Address 500 CUMMINGS CENTER SUITE 4400		Transaction ID : SB23.6392
City BEVERLY	State MA Zip Code 01915	
Purpose of Disbursement TTW - COMPLIANCE CONSULTING	Category/Type	Amount of Each Disbursement this Period 6042.45
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		

Full Name (Last, First, Middle Initial) C. KEITH SCHILLER		Date of Disbursement MM / DD / YYYY 05 / 27 / 2015
Mailing Address 725 5TH AVENUE		Transaction ID : SB23.6355
City NEW YORK	State NY Zip Code 10022	
Purpose of Disbursement TTW - EXPENSE REIMBURSEMENT	Category/Type	Amount of Each Disbursement this Period 276.51
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		

Subtotal Of Receipts This Page (optional)..... 12318.96

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

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. KEITH SCHILLER		Date of Disbursement MM / DD / YYYY 06 / 29 / 2015
Mailing Address 725 5TH AVENUE		Transaction ID : SB23.6356
City NEW YORK	State NY	
Zip Code 10022	Purpose of Disbursement TRAVEL EXPENSE REIMBURSEMENT	Amount of Each Disbursement this Period 224.49
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) B. KEITH SCHILLER		Date of Disbursement MM / DD / YYYY 06 / 29 / 2015
Mailing Address 725 5TH AVENUE		Transaction ID : SB23.6357
City NEW YORK	State NY	
Zip Code 10022	Purpose of Disbursement TRAVEL EXPENSE REIMBURSEMENT	Amount of Each Disbursement this Period 264.48
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) C. SPECTRUM MARKETING COMPANIES		Date of Disbursement MM / DD / YYYY 05 / 08 / 2015
Mailing Address 95 EDDY ROAD, SUITE 101		Transaction ID : SB23.6401
City MANCHESTER	State NH	
Zip Code 03102	Purpose of Disbursement TTW - DIRECT MAIL: PRINTING AND POSTAGE	Amount of Each Disbursement this Period 1612.74
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Subtotal Of Receipts This Page (optional)..... 2101.71

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

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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

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

Full Name (Last, First, Middle Initial) A. SPECTRUM MARKETING COMPANIES		Date of Disbursement MM / DD / YYYY 06 / 11 / 2015
Mailing Address 95 EDDY ROAD, SUITE 101		Transaction ID : SB23.6402
City MANCHESTER	State NH	
Zip Code 03102		Amount of Each Disbursement this Period 2546.40
Purpose of Disbursement TTW - DIRECT MAIL: PRINTING AND POSTAGE		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) B. SPEEDWAY		Date of Disbursement MM / DD / YYYY 06 / 25 / 2015
Mailing Address 731 MAMARONECK AVE		Transaction ID : SB23.6528
City MAMARONECK	State NY	
Zip Code 10543		Amount of Each Disbursement this Period 58.83
Purpose of Disbursement TRAVEL: FUEL [UHER: SB23.6306]		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State:	District:	

Full Name (Last, First, Middle Initial) C. STAPLES		Date of Disbursement MM / DD / YYYY 06 / 26 / 2015
Mailing Address 3440 4TH ST SOUTH WEST		Transaction ID : SB23.6509
City MASON CITY	State IA	
Zip Code 50401		Amount of Each Disbursement this Period 7.49
Purpose of Disbursement TTW - PRINTING: NAME TAGS [HUPKE: SB23.6275]		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State:	District:	

Subtotal Of Receipts This Page (optional)..... 2546.40

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

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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

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

Full Name (Last, First, Middle Initial) A. STARBUCKS		Date of Disbursement MM / DD / YYYY 05 / 15 / 2015
Mailing Address 93 S. RIVER ROAD		Transaction ID : SB23.6598
City BEDFORD	State NH	
Purpose of Disbursement TTW - TRAVEL: MEALS [MILLER: SB23.6222]		Amount of Each Disbursement this Period 6.94
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) B. STRATEGY RESOURCES		Date of Disbursement MM / DD / YYYY 04 / 10 / 2015
Mailing Address 500 RIVERVIEW DRIVE		Transaction ID : SB23.6404
City ROCKFORD	State IA	
Purpose of Disbursement TTW - STRATEGY CONSULTING		Amount of Each Disbursement this Period 15000.00
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) C. STRATEGY RESOURCES		Date of Disbursement MM / DD / YYYY 05 / 05 / 2015
Mailing Address 500 RIVERVIEW DRIVE		Transaction ID : SB23.6405
City ROCKFORD	State IA	
Purpose of Disbursement TTW - STRATEGY CONSULTING		Amount of Each Disbursement this Period 15000.00
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____	District: _____	

Subtotal Of Receipts This Page (optional)..... 30000.00

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

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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

Full Name (Last, First, Middle Initial) A. STRATEGY RESOURCES		Date of Disbursement MM / DD / YYYY 05 / 31 / 2015
Mailing Address 500 RIVERVIEW DRIVE		Transaction ID : SB23.6406
City ROCKFORD	State IA	
Purpose of Disbursement TTW - STRATEGY CONSULTING		Amount of Each Disbursement this Period 15000.00
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) B. SUNNY'S WORLDWIDE CHAUFFEURED TRANSPORTATION		Date of Disbursement MM / DD / YYYY 04 / 14 / 2015
Mailing Address 23765 PEBBLE RUN PLACE		Transaction ID : SB23.6408
City STERLING	State VA	
Purpose of Disbursement TTW - GROUND TRANSPORTATION		Amount of Each Disbursement this Period 427.43
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) C. SUNNY'S WORLDWIDE CHAUFFEURED TRANSPORTATION		Date of Disbursement MM / DD / YYYY 05 / 15 / 2015
Mailing Address 23765 PEBBLE RUN PLACE		Transaction ID : SB23.6409
City STERLING	State VA	
Purpose of Disbursement TTW - GROUND TRANSPORTATION		Amount of Each Disbursement this Period 166.14
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Subtotal Of Receipts This Page (optional)..... 15593.57

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

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)

DONALD J. TRUMP FOR PRESIDENT, INC.

Full Name (Last, First, Middle Initial)

A. SUNNY'S WORLDWIDE CHAUFFEURS TRANSPORTATION

Mailing Address 23765 PEBBLE RUN PLACE

City State Zip Code
STERLING VA 20166

Purpose of Disbursement
TTW - TRAVEL: GROUND TRANSPORTATION

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		16		2015

Transaction ID : SB23.6410

Amount of Each Disbursement this Period

1474.96

Full Name (Last, First, Middle Initial)

B. SUPER COLOR DIGITAL, LLC

Mailing Address 3451 W. MARTIN AVE. SUITE A

City State Zip Code
LAS VEGAS NV 89118

Purpose of Disbursement
TTW - PRINTING: BANNERS

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		12		2015

Transaction ID : SB23.6412

Amount of Each Disbursement this Period

320.00

Full Name (Last, First, Middle Initial)

C. SUPER COLOR DIGITAL, LLC

Mailing Address 3451 W. MARTIN AVE. SUITE A

City State Zip Code
LAS VEGAS NV 89118

Purpose of Disbursement
TTW - PRINTING: BANNERS

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		12		2015

Transaction ID : SB23.6413

Amount of Each Disbursement this Period

535.00

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

2329.96

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

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**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. SUPER COLOR DIGITAL, LLC		Date of Disbursement MM / DD / YYYY 06 / 12 / 2015
Mailing Address 3451 W. MARTIN AVE. SUITE A		Transaction ID : SB23.6414
City LAS VEGAS	State NV	
Purpose of Disbursement TTW - PRINTING: BANNERS	Zip Code 89118	Amount of Each Disbursement this Period 1705.00
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. SUPER COLOR DIGITAL, LLC		Date of Disbursement MM / DD / YYYY 06 / 15 / 2015
Mailing Address 3451 W. MARTIN AVE. SUITE A		Transaction ID : SB23.6415
City LAS VEGAS	State NV	
Purpose of Disbursement TTW - PRINTING: BANNERS	Zip Code 89118	Amount of Each Disbursement this Period 3642.50
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. TAG AIR, INC.		Date of Disbursement MM / DD / YYYY 06 / 16 / 2015
Mailing Address 3800 SOUTHERN BLVD. STE. 105		Transaction ID : SB23.6417
City WEST PALM BEACH	State FL	
Purpose of Disbursement TTW - TRAVEL: AIRFARE - FMV	Zip Code 33406	Amount of Each Disbursement this Period 506486.00
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Subtotal Of Receipts This Page (optional)..... 511833.50

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

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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

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

Full Name (Last, First, Middle Initial) A. JEFF TAILLON		Date of Disbursement MM / DD / YYYY 06 / 05 / 2015
Mailing Address 1612 RUTLAND COURT		Transaction ID : SB23.6338
City COLUMBIA	State SC	
Purpose of Disbursement TTW - FIELD CONSULTING	Candidate Name	Amount of Each Disbursement this Period 4776.40
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____ District: _____		

Full Name (Last, First, Middle Initial) B. TARGETED VICTORY		Date of Disbursement MM / DD / YYYY 06 / 18 / 2015
Mailing Address 1033 NORTH FAIRFAX STREET #40		Transaction ID : SB23.6428
City ALEXANDRIA	State VA	
Purpose of Disbursement MERCHANT FEES	Candidate Name	Amount of Each Disbursement this Period 721.29
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____ District: _____		

Full Name (Last, First, Middle Initial) C. TARGETED VICTORY		Date of Disbursement MM / DD / YYYY 06 / 19 / 2015
Mailing Address 1033 NORTH FAIRFAX STREET #40		Transaction ID : SB23.6429
City ALEXANDRIA	State VA	
Purpose of Disbursement MERCHANT FEES	Candidate Name	Amount of Each Disbursement this Period 552.44
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____ District: _____		

Subtotal Of Receipts This Page (optional)..... 6050.13

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

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

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

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

Full Name (Last, First, Middle Initial) A. TARGETED VICTORY		Date of Disbursement MM / DD / YYYY 06 / 22 / 2015
Mailing Address 1033 NORTH FAIRFAX STREET #40		Transaction ID : SB23.6430
City ALEXANDRIA State VA Zip Code 22314	Amount of Each Disbursement this Period 303.64	
Purpose of Disbursement MERCHANT FEES	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. TARGETED VICTORY		Date of Disbursement MM / DD / YYYY 06 / 23 / 2015
Mailing Address 1033 NORTH FAIRFAX STREET #40		Transaction ID : SB23.6431
City ALEXANDRIA State VA Zip Code 22314	Amount of Each Disbursement this Period 53.29	
Purpose of Disbursement MERCHANT FEES	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. TARGETED VICTORY		Date of Disbursement MM / DD / YYYY 06 / 24 / 2015
Mailing Address 1033 NORTH FAIRFAX STREET #40		Transaction ID : SB23.6432
City ALEXANDRIA State VA Zip Code 22314	Amount of Each Disbursement this Period 147.33	
Purpose of Disbursement MERCHANT FEES	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Subtotal Of Receipts This Page (optional)..... 504.26

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

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. TARGETED VICTORY		Date of Disbursement MM / DD / YYYY 06 / 25 / 2015
Mailing Address 1033 NORTH FAIRFAX STREET #40		Transaction ID : SB23.6433
City ALEXANDRIA State VA Zip Code 22314	Amount of Each Disbursement this Period 50.13	
Purpose of Disbursement MERCHANT FEES	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. TARGETED VICTORY		Date of Disbursement MM / DD / YYYY 06 / 26 / 2015
Mailing Address 1033 NORTH FAIRFAX STREET #40		Transaction ID : SB23.6434
City ALEXANDRIA State VA Zip Code 22314	Amount of Each Disbursement this Period 333.93	
Purpose of Disbursement MERCHANT FEES	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. TARGETED VICTORY		Date of Disbursement MM / DD / YYYY 06 / 29 / 2015
Mailing Address 1033 NORTH FAIRFAX STREET #40		Transaction ID : SB23.6435
City ALEXANDRIA State VA Zip Code 22314	Amount of Each Disbursement this Period 108.58	
Purpose of Disbursement MERCHANT FEES	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Subtotal Of Receipts This Page (optional)..... 492.64

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

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

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

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

Full Name (Last, First, Middle Initial) A. TARGETED VICTORY		Date of Disbursement MM / DD / YYYY 06 / 30 / 2015
Mailing Address 1033 NORTH FAIRFAX STREET #40		Transaction ID : SB23.6436
City ALEXANDRIA State VA Zip Code 22314	Amount of Each Disbursement this Period 197.71	
Purpose of Disbursement MERCHANT FEES	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. TAYLOR RENTAL CENTER		Date of Disbursement MM / DD / YYYY 05 / 07 / 2015
Mailing Address 231 SOUTH MAIN STREET		Transaction ID : SB23.6438
City CONCORD State NH Zip Code 03301	Amount of Each Disbursement this Period 922.00	
Purpose of Disbursement TTW - EVENT STAGING EXPENSE	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. TELION CORP.		Date of Disbursement MM / DD / YYYY 06 / 17 / 2015
Mailing Address 7000 WEST PALMETTO PARK ROAD SUITE 210		Transaction ID : SB23.6483
City BOCA RATON State FL Zip Code 33433	Amount of Each Disbursement this Period 1203.30	
Purpose of Disbursement TRAVEL EXPENSE REIMBURSEMENT	Candidate Name	Category/ Type 101
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Subtotal Of Receipts This Page (optional)..... 2323.01

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

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

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

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

Full Name (Last, First, Middle Initial) A. THE COMMON MAN WINDHAM		Date of Disbursement MM / DD / YYYY 05 / 15 / 2015
Mailing Address 88 RANGE ROAD		Transaction ID : SB23.6590
City WINDHAM	State NH	
Purpose of Disbursement TTW - TRAVEL: MEALS [MILLER: SB23.6222]		Amount of Each Disbursement this Period 11.35
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) B. THE MUSIC MAN SQUARE		Date of Disbursement MM / DD / YYYY 05 / 31 / 2015
Mailing Address THE MASON CITY FOUNDATION 308 S. PENNSYLVANIA AVE.		Transaction ID : SB23.6442
City MASON CITY	State IA	
Purpose of Disbursement TTW - ROOM RENTAL		Amount of Each Disbursement this Period 500.00
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) C. THE TRUMP CORPORATION		Date of Disbursement MM / DD / YYYY 06 / 16 / 2015
Mailing Address 725 FIFTH AVE.		Transaction ID : SB23.6444
City NEW YORK	State NY	
Purpose of Disbursement TTW - ONE-TIME REIMBURSEMENT FOR FACILITY, RESOURCES & DOMAIN NAMES		Amount of Each Disbursement this Period 37993.04
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Subtotal Of Receipts This Page (optional)..... 38493.04

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

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

Form/Schedule: SB23

Transaction ID : SB23.6444

REIMBURSED WITHIN A COMMERCIALY REIMBURSEABLE TIME

Form/Schedule:

Transaction ID:

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 104 / 122

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

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

Full Name (Last, First, Middle Initial) A. THREE RESCUES CONSULTING		Date of Disbursement MM / DD / YYYY 06 / 03 / 2015
Mailing Address 1090 VERMONT AVENUE NW		Transaction ID : SB23.6446
City WASHINGTON	State DC	
Purpose of Disbursement TTW - FUNDRAISING CONSULTING	Category/ Type	Amount of Each Disbursement this Period 16949.54
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. THREE RESCUES CONSULTING		Date of Disbursement MM / DD / YYYY 06 / 11 / 2015
Mailing Address 1090 VERMONT AVENUE NW		Transaction ID : SB23.6447
City WASHINGTON	State DC	
Purpose of Disbursement TTW - FUNDRAISING CONSULTING	Category/ Type	Amount of Each Disbursement this Period 3419.30
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. THREE RESCUES CONSULTING		Date of Disbursement MM / DD / YYYY 06 / 16 / 2015
Mailing Address 1090 VERMONT AVENUE NW		Transaction ID : SB23.6448
City WASHINGTON	State DC	
Purpose of Disbursement TTW - FUNDRAISING CONSULTING	Category/ Type	Amount of Each Disbursement this Period 1316.19
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Subtotal Of Receipts This Page (optional)..... 21685.03

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

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
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NAME OF COMMITTEE (In Full)
DONALD J. TRUMP FOR PRESIDENT, INC.

Full Name (Last, First, Middle Initial) A. TOWN OF BEDFORD		Date of Disbursement MM / DD / YYYY 06 / 29 / 2015
Mailing Address 55 CONSTITUTION DRIVE		Transaction ID : SB23.6454
City BEDFORD	State NH	
Zip Code 03110	Purpose of Disbursement EVENT SECURITY	Amount of Each Disbursement this Period 228.00
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) B. DONALD J. TRUMP		Date of Disbursement MM / DD / YYYY 06 / 27 / 2015
Mailing Address 725 FIFTH AVENUE		Transaction ID : SB23.4107
City NEW YORK	State NY	
Zip Code 10022	Purpose of Disbursement In-kind - PRE-PAID PAYROLL	Amount of Each Disbursement this Period 4049.64
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District: 00	

Full Name (Last, First, Middle Initial) C. TRUMP INTERNATIONAL HOTEL AND TOWER		Date of Disbursement MM / DD / YYYY 04 / 30 / 2015
Mailing Address ONE CENTRAL PARK WEST		Transaction ID : SB23.6456
City NEW YORK	State NY	
Zip Code 10023	Purpose of Disbursement TTW - TRAVEL: LODGING	Amount of Each Disbursement this Period 1380.54
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Subtotal Of Receipts This Page (optional)..... 5658.18

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

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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

Full Name (Last, First, Middle Initial) A. TRUMP TOWER COMMERCIAL LLC		Date of Disbursement MM / DD / YYYY 06 / 16 / 2015
Mailing Address PO BOX 1926		Transaction ID : SB23.6462
City HICKSVILLE	State NY	
Zip Code 11802	Purpose of Disbursement TTW - RENT	Amount of Each Disbursement this Period 9583.33
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. UBER		Date of Disbursement MM / DD / YYYY 05 / 31 / 2015
Mailing Address 1455 MARKET STREET 4TH FL		Transaction ID : SB23.6575
City SAN FRANCISCO	State CA	
Zip Code 94103	Purpose of Disbursement TTW - TRAVEL: GROUND TRANSPORTATION [JOST: SB23.6450]	Amount of Each Disbursement this Period 140.00
Candidate Name	Category/ Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. UBER		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 1455 MARKET STREET 4TH FL		Transaction ID : SB23.6578
City SAN FRANCISCO	State CA	
Zip Code 94103	Purpose of Disbursement TTW - TRAVEL: GROUND TRANSPORTATION [JOST SB23.6451]	Amount of Each Disbursement this Period 140.00
Candidate Name	Category/ Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Subtotal Of Receipts This Page (optional)..... 9583.33

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

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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

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

A. GARY RICHARD UHER

Full Name (Last, First, Middle Initial)

Mailing Address 123 MAMARONECK AVE. APT. 205

City MAMARONECK State NY Zip Code 10543

Purpose of Disbursement SECURITY

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY 06 / 24 / 2015

Transaction ID : SB23.6485

Amount of Each Disbursement this Period 1000.00

Category/Type 101

B. GARY RICHARD UHER

Full Name (Last, First, Middle Initial)

Mailing Address 123 MAMARONECK AVE. APT. 205

City MAMARONECK State NY Zip Code 10543

Purpose of Disbursement TRAVEL EXPENSE REIMBURSEMENT

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY 06 / 25 / 2015

Transaction ID : SB23.6306

Amount of Each Disbursement this Period 659.36

Category/Type 101

C. GARY RICHARD UHER

Full Name (Last, First, Middle Initial)

Mailing Address 123 MAMARONECK AVE. APT. 205

City MAMARONECK State NY Zip Code 10543

Purpose of Disbursement SECURITY

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY 06 / 25 / 2015

Transaction ID : SB23.6486

Amount of Each Disbursement this Period 1000.00

Category/Type 101

Subtotal Of Receipts This Page (optional)..... 2659.36

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

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. UMIB LIMOUSINE		Date of Disbursement MM / DD / YYYY 05 / 22 / 2015
Mailing Address 338 MAIN STREET		Transaction ID : SB23.6585
City WAKEFILED	State MA	
Purpose of Disbursement TTW - TRAVEL: GROUND TRANSPORTATION [JOST: SB23.6449]		Amount of Each Disbursement this Period 140.00
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) B. UMIB LIMOUSINE		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 338 MAIN STREET		Transaction ID : SB23.6586
City WAKEFILED	State MA	
Purpose of Disbursement TTW - TRAVEL: GROUND TRANSPORTATION [JOST SB23.6451]		Amount of Each Disbursement this Period 140.00
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) C. UMIB LIMOUSINE		Date of Disbursement MM / DD / YYYY 06 / 22 / 2015
Mailing Address 338 MAIN STREET		Transaction ID : SB23.6587
City WAKEFILED	State MA	
Purpose of Disbursement TRAVEL: GROUND TRANSPORTATION [JOST: SB23.6452]		Amount of Each Disbursement this Period 140.00
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

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

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

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. UMIB LIMOUSINE		Date of Disbursement MM / DD / YYYY 06 / 22 / 2015
Mailing Address 338 MAIN STREET		Transaction ID : SB23.6588
City WAKEFIELD	State MA	
Purpose of Disbursement TRAVEL: GROUND TRANSPORTATION [JOST: SB23.6452]		Amount of Each Disbursement this Period 140.00
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) B. UNITED AIRLINES, INC.		Date of Disbursement MM / DD / YYYY 05 / 22 / 2015
Mailing Address PO BOX 6120		Transaction ID : SB23.6496
City RAPID CITY	State SD	
Purpose of Disbursement TTW - TRAVEL: AIR [MILLER: SB23.6225]		Amount of Each Disbursement this Period 422.60
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) C. UNITED AIRLINES, INC.		Date of Disbursement MM / DD / YYYY 05 / 22 / 2015
Mailing Address PO BOX 6120		Transaction ID : SB23.6497
City RAPID CITY	State SD	
Purpose of Disbursement TTW - TRAVEL: AIR [MILLER: SB23.6225]		Amount of Each Disbursement this Period 73.00
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

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

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

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. US AIRWAYS		Date of Disbursement MM / DD / YYYY 05 / 22 / 2015
Mailing Address 111 W RIO SALADO PKWY		Transaction ID : SB23.6562
City TEMPE	State AZ	
Purpose of Disbursement TTW - TRAVEL: AIR [JOST: SB23.6449]		Amount of Each Disbursement this Period 430.10
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State:	District:	

Full Name (Last, First, Middle Initial) B. US AIRWAYS		Date of Disbursement MM / DD / YYYY 05 / 31 / 2015
Mailing Address 111 W RIO SALADO PKWY		Transaction ID : SB23.6567
City TEMPE	State AZ	
Purpose of Disbursement TTW - TRAVEL: AIR [JOST: SB23.6450]		Amount of Each Disbursement this Period 430.10
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State:	District:	

Full Name (Last, First, Middle Initial) C. US AIRWAYS		Date of Disbursement MM / DD / YYYY 06 / 08 / 2015
Mailing Address 111 W RIO SALADO PKWY		Transaction ID : SB23.6576
City TEMPE	State AZ	
Purpose of Disbursement TTW - TRAVEL: AIR [JOST SB23.6451]		Amount of Each Disbursement this Period 445.10
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State:	District:	

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

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

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. VIP TRANSPORT		Date of Disbursement MM / DD / YYYY 05 / 27 / 2015
Mailing Address 222 CUMBERLAND CIR		Transaction ID : SB23.6540
City NASHVILLE	State TN	
Zip Code 37214		Amount of Each Disbursement this Period 60.00
Purpose of Disbursement TTW - TRAVEL: GROUND TRANSPORTATION [SCHILLER: SB23.6355]		[MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) B. WALMART		Date of Disbursement MM / DD / YYYY 06 / 26 / 2015
Mailing Address 4151 4TH ST SW		Transaction ID : SB23.6511
City MASON CITY	State IA	
Zip Code 50401		Amount of Each Disbursement this Period 22.12
Purpose of Disbursement TTW - OFFICE SUPPLIES [HUPKE: SB23.6275]		[MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) C. WALMART		Date of Disbursement MM / DD / YYYY 06 / 26 / 2015
Mailing Address 4151 4TH ST SW		Transaction ID : SB23.6512
City MASON CITY	State IA	
Zip Code 50401		Amount of Each Disbursement this Period 38.55
Purpose of Disbursement TTW - OFFICE SUPPLIES [HUPKE: SB23.6275]		[MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

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

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

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. WEISERMAZARS, LLP		Date of Disbursement MM / DD / YYYY 06 / 16 / 2015
Mailing Address 60 CROSSWAYS PARK DRIVE WEST SUITE 301		Transaction ID : SB23.6466
City WOODBURY	State NY	
Purpose of Disbursement TTW - ACCOUNTING SERVICES	Category/ Type 101	Amount of Each Disbursement this Period 5000.00
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		

Full Name (Last, First, Middle Initial) B. WENDY'S		Date of Disbursement MM / DD / YYYY 06 / 29 / 2015
Mailing Address 1000 AERIAL CENTER PARKWAY		Transaction ID : SB23.6548
City MORRISVILLE	State NC	
Purpose of Disbursement TRAVEL: MEALS [SCHILLER: SB23.6356]	Category/ Type	Amount of Each Disbursement this Period 59.95
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		

[MEMO ITEM]

Full Name (Last, First, Middle Initial) C. WHITE AND BLUE GROUP		Date of Disbursement MM / DD / YYYY 05 / 15 / 2015
Mailing Address 35-11 43RD AVENUE		Transaction ID : SB23.6488
City LONG ISLAND CITY	State NY	
Purpose of Disbursement TTW - TRAVEL: TAXI [MILLER: SB23.6222]	Category/ Type	Amount of Each Disbursement this Period 37.04
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		

[MEMO ITEM]

Subtotal Of Receipts This Page (optional)..... 5000.00

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

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. WHITE CLIFF REALTY		Date of Disbursement MM / DD / YYYY 05 / 27 / 2015
Mailing Address PO BOX 1015		Transaction ID : SB23.6468
City MILFORD	State NH	
Purpose of Disbursement TTW - RENT	Candidate Name	Amount of Each Disbursement this Period 2500.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____ District: _____		

Full Name (Last, First, Middle Initial) B. WHITE CLIFF REALTY		Date of Disbursement MM / DD / YYYY 05 / 31 / 2015
Mailing Address PO BOX 1015		Transaction ID : SB23.6469
City MILFORD	State NH	
Purpose of Disbursement TTW - RENT	Candidate Name	Amount of Each Disbursement this Period 2500.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____ District: _____		

Full Name (Last, First, Middle Initial) C. JOSHUA WHITEHOUSE		Date of Disbursement MM / DD / YYYY 04 / 09 / 2015
Mailing Address 45 FOXTROT DRIVE		Transaction ID : SB23.6350
City FARMINGTON	State NH	
Purpose of Disbursement TTW - FIELD CONSULTING	Candidate Name	Amount of Each Disbursement this Period 1873.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____ District: _____		

Subtotal Of Receipts This Page (optional)..... 6873.53

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

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. JOSHUA WHITEHOUSE		Date of Disbursement MM / DD / YYYY 05 / 05 / 2015
Mailing Address 45 FOXTROT DRIVE		Transaction ID : SB23.6351
City FARMINGTON	State NH	
Purpose of Disbursement TTW - FIELD CONSULTING	Candidate Name	Amount of Each Disbursement this Period 3600.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. JOSHUA WHITEHOUSE		Date of Disbursement MM / DD / YYYY 05 / 15 / 2015
Mailing Address 45 FOXTROT DRIVE		Transaction ID : SB23.6352
City FARMINGTON	State NH	
Purpose of Disbursement TTW - FIELD CONSULTING	Candidate Name	Amount of Each Disbursement this Period 1224.71
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. JOSHUA WHITEHOUSE		Date of Disbursement MM / DD / YYYY 06 / 05 / 2015
Mailing Address 45 FOXTROT DRIVE		Transaction ID : SB23.6353
City FARMINGTON	State NH	
Purpose of Disbursement TTW - FIELD CONSULTING	Candidate Name	Amount of Each Disbursement this Period 5019.44
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Subtotal Of Receipts This Page (optional)..... → 9844.15

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

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. WIZBANG SOLUTIONS, INC.		Date of Disbursement MM / DD / YYYY 05 / 15 / 2015
Mailing Address 6747 E. 50TH AVENUE		Transaction ID : SB23.6474
City COMMERCE CITY	State CO	
Purpose of Disbursement TTW - PRINTING: T-SHIRTS	Candidate Name	Amount of Each Disbursement this Period 1792.13
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____ District: _____	Category/Type	

Full Name (Last, First, Middle Initial) B. WIZBANG SOLUTIONS, INC.		Date of Disbursement MM / DD / YYYY 05 / 22 / 2015
Mailing Address 6747 E. 50TH AVENUE		Transaction ID : SB23.6475
City COMMERCE CITY	State CO	
Purpose of Disbursement TTW - PRINTING: NOTECARDS	Candidate Name	Amount of Each Disbursement this Period 210.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____ District: _____	Category/Type	

Full Name (Last, First, Middle Initial) C. WIZBANG SOLUTIONS, INC.		Date of Disbursement MM / DD / YYYY 06 / 16 / 2015
Mailing Address 6747 E. 50TH AVENUE		Transaction ID : SB23.6476
City COMMERCE CITY	State CO	
Purpose of Disbursement TTW - PRINTING: SIGNS, NOTECARDS, PINS	Candidate Name	Amount of Each Disbursement this Period 6164.84
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____ District: _____	Category/Type	

Subtotal Of Receipts This Page (optional)..... 8166.97

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

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. YELLOW CAB OF CHARLESTION		Date of Disbursement MM / DD / YYYY 05 / 27 / 2015
Mailing Address 2019 CHERRY HILL LANE		Transaction ID : SB23.6542
City CHARLESTION State SC Zip Code 29405	Amount of Each Disbursement this Period 37.59	
Purpose of Disbursement TTW - TRAVEL: GROUND TRANSPORTATION [SCHILLER: SB23.6355]	Category/Type	[MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

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

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

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

Total This Period (last page this line number only)..... 1413626.62

SCHEDULE C-P LOANS

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

FOR LINE NUMBER: 19a 19b
(check only one)

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

Transaction ID : **SC/12.4108**

LOAN SOURCE Full Name (Last, First, Middle Initial)
DONALD J. TRUMP

[PERSONAL FUNDS]

Election: 2016

- Primary
- General
- Other (specify) ▼

Mailing Address
725 FIFTH AVENUE

City	State	ZIP Code
NEW YORK	NY	10022

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
76500.00	0.00	76500.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M 04 / D 08 / Y 2015	M / D / Y 12/31/2016	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

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

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

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C-P LOANS

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

FOR LINE NUMBER: 19a 19b
(check only one)

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

Transaction ID : **SC/12.4109**

LOAN SOURCE Full Name (Last, First, Middle Initial)
DONALD J. TRUMP

[PERSONAL FUNDS]

Election: 2016

- Primary
- General
- Other (specify) ▼

Mailing Address
725 FIFTH AVENUE

City	State	ZIP Code
NEW YORK	NY	10022

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
216150.00	0.00	216150.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
04 / 10 / 2015	12/31/2016	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

Subtotal Of Receipts This Page (optional).....▶ 216150.00

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

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C-P LOANS

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

FOR LINE NUMBER: 19a 19b
(check only one)

NAME OF COMMITTEE (In Full)

Transaction ID : SC/12.4110

DONALD J. TRUMP FOR PRESIDENT, INC.

LOAN SOURCE Full Name (Last, First, Middle Initial)
DONALD J. TRUMP

[PERSONAL FUNDS]

Election: 2016

- Primary
- General
- Other (specify) ▼

Mailing Address
725 FIFTH AVENUE

City	State	ZIP Code
NEW YORK	NY	10022

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
430450.00	0.00	430450.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M 05 / D 14 / Y 2015	M / D / Y 12/31/2016	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

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

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

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SCHEDULE C-P LOANS

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

FOR LINE NUMBER: 19a 19b
(check only one)

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

Transaction ID : **SC/12.4111**

LOAN SOURCE Full Name (Last, First, Middle Initial)
DONALD J. TRUMP

[PERSONAL FUNDS]

Election: 2016

- Primary
- General
- Other (specify) ▼

Mailing Address
725 FIFTH AVENUE

City	State	ZIP Code
NEW YORK	NY	10022

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
1081647.23	0.00	1081647.23

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M 06 / D 16 / Y 2015	M / D / Y 12/31/2016	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

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

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

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