

**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. 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).....