

SCHEDULE A-P **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

DONALD J. TRUMP FOR PRESIDENT, INC.

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

ALLEN, NANCY, , ,

Mailing Address 15685 SE WILLS WAY

City
MILWAUKIE

State
OR

Zip Code
97267

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For: 2020

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

227.50

Transaction ID : SA17A.23763

Date of Receipt

M M / D D / Y Y Y Y
06 / 17 / 2019

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

ALLEN, PAMELA, , ,

Mailing Address 6861 ALDERWOOD DR

City
CARLSBAD

State
CA

Zip Code
92011

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For: 2020

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

236.25

Transaction ID : SA17A.80453

Date of Receipt

M M / D D / Y Y Y Y
06 / 09 / 2019

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

ALLEN, PATRICIA, , ,

Mailing Address 3602 FRIENDSHIP RIDGE LN

City
POWDER SPRINGS

State
GA

Zip Code
30127-4464

FEC ID number of contributing
federal political committee.

C

Name of Employer
ANTHEM

Occupation
SYSTEMS ANAYLST

Receipt For: 2020

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

220.00

Transaction ID : SA17A.13674

Date of Receipt

M M / D D / Y Y Y Y
04 / 30 / 2019

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

100.00

Total This Period (last page this line number only)