

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)

BALING, JOSE, , ,

Mailing Address 2342 PENDANT PASS

City

SAN ANTONIO

State

TX

Zip Code

78232

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 ▼

361.25

Transaction ID : SA17A.97929

Date of Receipt

M M / D D / Y Y Y Y
06 / 08 / 2019

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

BALINT, CINDIE, , ,

Mailing Address 6273 BRANCH HILL MIAMIVILLE RD

City

LOVELAND

State

OH

Zip Code

45140

FEC ID number of contributing
federal political committee.

C

Name of Employer
CHRIST HOSPITAL

Occupation
REGISTERED NURSE

Receipt For: 2020

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

673.75

Transaction ID : SA17A.92031

Date of Receipt

M M / D D / Y Y Y Y
04 / 01 / 2019

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

BALINT, CINDIE, , ,

Mailing Address 6273 BRANCH HILL MIAMIVILLE RD

City

LOVELAND

State

OH

Zip Code

45140

FEC ID number of contributing
federal political committee.

C

Name of Employer
CHRIST HOSPITAL

Occupation
REGISTERED NURSE

Receipt For: 2020

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

723.75

Transaction ID : SA17A.92032

Date of Receipt

M M / D D / Y Y Y Y
05 / 01 / 2019

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

350.00

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