

# **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)**

**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 ▼

773.75

**Transaction ID : SA17A.92033**

Date of Receipt

M M / D D / Y Y Y Y  
06 / 01 / 2019

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

**BALITSKY, CONSTANCE, , ,**

Mailing Address 177 SUMMERHILL RD

City

EAST BRUNSWICK

State

NJ

Zip Code

08816

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 ▼

328.75

**Transaction ID : SA17A.95262**

Date of Receipt

M M / D D / Y Y Y Y  
06 / 26 / 2019

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

**BALK, JANET, , ,**

Mailing Address 3320 BRADFORD CIR

City

CAMBRIA

State

CA

Zip Code

93428

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
ENGINEER

Receipt For: 2020

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

25.00

**Transaction ID : SA17A.42871**

Date of Receipt

M M / D D / Y Y Y Y  
05 / 11 / 2019

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

125.00

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