

# **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)

**BOBER, MICHAEL, , ,**

Mailing Address 542 GARFIELD AVE

City  
ELYRIA

State  
OH

Zip Code  
44035

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RED SEAL ELECTRIC

Occupation  
PROGRAMMER

Receipt For: 2020

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1015.40

**Transaction ID : SA17A.50652**

Date of Receipt

**06 / 12 / 2019**

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

**BOBER, MICHAEL, , ,**

Mailing Address 542 GARFIELD AVE

City  
ELYRIA

State  
OH

Zip Code  
44035

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RED SEAL ELECTRIC

Occupation  
PROGRAMMER

Receipt For: 2020

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1040.40

**Transaction ID : SA17A.50653**

Date of Receipt

**06 / 18 / 2019**

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

**BOBER, MICHAEL, , ,**

Mailing Address 542 GARFIELD AVE

City  
ELYRIA

State  
OH

Zip Code  
44035

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RED SEAL ELECTRIC

Occupation  
PROGRAMMER

Receipt For: 2020

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1075.40

**Transaction ID : SA17A.50654**

Date of Receipt

**06 / 26 / 2019**

Amount of Each Receipt this Period

35.00

☐ Memo Item

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

85.00

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