

# **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)**

**BOOHER, DEBRA, , ,**

Mailing Address 6560 RED BRUSH RD

City  
RAVENNA

State  
OH

Zip Code  
44266

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
ATTORNEY

Receipt For: 2020

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

770.00

**Transaction ID : SA17A.118863**

Date of Receipt

**06 / 14 / 2019**

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

**BOOHER, ELEANOR, , ,**

Mailing Address 8301 E AVALON DR

City  
SCOTTSDALE

State  
AZ

Zip Code  
85251

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
NOT EMPLOYED

Occupation  
NOT EMPLOYED

Receipt For: 2020

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

502.50

**Transaction ID : SA17A.116624**

Date of Receipt

**05 / 30 / 2019**

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

**BOOK, CATHERINE, , MS.,**

Mailing Address 104 CASCADE ST SW  
PO BOX 96

City  
HOPKINTON

State  
IA

Zip Code  
52237

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
REGIONAL MEDICAL CENTER

Occupation  
PHYSICIAN ASSISTANT

Receipt For: 2020

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

100.00

**Transaction ID : SA17A.38658**

Date of Receipt

**06 / 06 / 2019**

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

210.00

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