

# **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)

**BRITTON, JOHN, , ,**

Mailing Address 219 ROSSMERE DR

City  
MIDLOTHIAN

State  
VA

Zip Code  
23114

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 ▼

468.75

**Transaction ID : SA17A.78579**

Date of Receipt

**06 / 25 / 2019**

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

**BRITTON, VICKI, , ,**

Mailing Address 23 LIMESTONE BLVD

City  
CHILLICOTHE

State  
OH

Zip Code  
45601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
WILLIAM U BRITTON DDS, INV

Occupation  
OFFICE MANAGER

Receipt For: 2020

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1350.00

**Transaction ID : SA17A.62282**

Date of Receipt

**04 / 11 / 2019**

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

**BRITTON, VICKI, , ,**

Mailing Address 23 LIMESTONE BLVD

City  
CHILLICOTHE

State  
OH

Zip Code  
45601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
WILLIAM U BRITTON DDS, INV

Occupation  
OFFICE MANAGER

Receipt For: 2020

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1450.00

**Transaction ID : SA17A.62283**

Date of Receipt

**04 / 18 / 2019**

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

250.00

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