

# **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)

**BURROWS, KELLY, , ,**

Mailing Address PRO BOX 328

City  
GLENDO

State  
WY

Zip Code  
82213

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
RANCHING

Receipt For: 2020

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2368.75

**Transaction ID : SA17A.101779**

Date of Receipt

**05** / **30** / **2019**

REDESIGNATION TO GENERAL

Amount of Each Receipt this Period

- 100.00

☐ Memo Item

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

**BURROWS, KELLY, , ,**

Mailing Address PRO BOX 328

City  
GLENDO

State  
WY

Zip Code  
82213

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
RANCHING

Receipt For: 2020

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2468.75

**Transaction ID : SA17A.101780**

Date of Receipt

**05** / **30** / **2019**

SEE REDESIGNATION

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

**BURROWS, KELLY, , ,**

Mailing Address PRO BOX 328

City  
GLENDO

State  
WY

Zip Code  
82213

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
RANCHING

Receipt For: 2020

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2568.75

**Transaction ID : SA17A.101781**

Date of Receipt

**05** / **30** / **2019**

REDESIGNATION FROM PRIMARY

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

100.00

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