

# **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)**

**CALKINS, SUSAN, , ,**

Mailing Address PO BOX 417

City  
SHERIDAN

State  
WY

Zip Code  
82801

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
ENTREPRENEUR

Occupation  
ENTREPRENEUR

Receipt For: 2020

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

786.25

**Transaction ID : SA17A.66854**

Date of Receipt

**04** / **14** / **2019**

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

**CALKINS, SUSAN, , ,**

Mailing Address PO BOX 417

City  
SHERIDAN

State  
WY

Zip Code  
82801

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
ENTREPRENEUR

Occupation  
ENTREPRENEUR

Receipt For: 2020

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

811.25

**Transaction ID : SA17A.66855**

Date of Receipt

**05** / **14** / **2019**

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

**CALKINS, SUSAN, , ,**

Mailing Address PO BOX 417

City  
SHERIDAN

State  
WY

Zip Code  
82801

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
ENTREPRENEUR

Occupation  
ENTREPRENEUR

Receipt For: 2020

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

836.25

**Transaction ID : SA17A.66856**

Date of Receipt

**06** / **14** / **2019**

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

75.00

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