

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)

CARRICO, CINDY, , ,

Mailing Address 9720 GUDEL DR

City

ELLCOTT CITY

State

MD

Zip Code

21042

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 ▼

119.42

Transaction ID : SA17A.41280

Date of Receipt

M M / D D / Y Y Y Y

04

08

2019

Amount of Each Receipt this Period

35.00

☐

Memo Item

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

CARRICO, CINDY, , ,

Mailing Address 9720 GUDEL DR

City

ELLCOTT CITY

State

MD

Zip Code

21042

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 ▼

243.22

Transaction ID : SA17A.41281

Date of Receipt

M M / D D / Y Y Y Y

06

20

2019

Amount of Each Receipt this Period

35.00

☐

Memo Item

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

CARRIER, CAROLE, , ,

Mailing Address 7344 WARREN SHARON RD

City

BROOKFIELD

State

OH

Zip Code

44403

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 ▼

236.85

Transaction ID : SA17A.24378

Date of Receipt

M M / D D / Y Y Y Y

06

18

2019

Amount of Each Receipt this Period

25.00

☐

Memo Item

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

95.00

Total This Period (last page this line number only)