

# **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)

**CRUZ, JUAN, CARLOS, ,**

Mailing Address 444 SE 5TH TER

City  
POMPANO BEACH

State  
FL

Zip Code  
33060

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 ▼

1500.00

**Transaction ID : SA17A.93101**

Date of Receipt

**06** / **18** / **2019**

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

**CRUZ, YOBANI, , ,**

Mailing Address 2234 N LOREL AVE

City  
CHICAGO

State  
IL

Zip Code  
60639

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
LEYE

Occupation  
INVESTOR

Receipt For: 2020

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

**Transaction ID : SA17A.22403**

Date of Receipt

**06** / **17** / **2019**

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

**CRYDER, STEVEN, , ,**

Mailing Address 9730 BEECH DR

City  
CINCINNATI

State  
OH

Zip Code  
45231

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
HEALTH MANAGEMENT

Receipt For: 2020

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

520.15

**Transaction ID : SA17A.87921**

Date of Receipt

**04** / **22** / **2019**

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

450.00

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