

# **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)

**DAVIDSON, ANDREW, , ,**

Mailing Address 23482 STONY RIDGE RD

City  
PERRYSBURG

State  
OH

Zip Code  
43551

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
STUDENT

Occupation  
STUDENT

Receipt For: 2020

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

219.86

**Transaction ID : SA17A.92771**

Date of Receipt

**06 / 30 / 2019**

Amount of Each Receipt this Period

35.00

☐ Memo Item

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

**DAVIDSON, BONNIE, , ,**

Mailing Address 215 N POWER RD  
UNIT 402

City  
MESA

State  
AZ

Zip Code  
85205

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 ▼

475.00

**Transaction ID : SA17A.39638**

Date of Receipt

**06 / 15 / 2019**

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

**DAVIDSON, BRENDA, , ,**

Mailing Address 312 CHAPMAN ST

City  
JOHNSON CITY

State  
TN

Zip Code  
37604

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
CAREGIVER

Occupation  
CAREGIVER

Receipt For: 2020

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

305.00

**Transaction ID : SA17A.78539**

Date of Receipt

**04 / 25 / 2019**

Amount of Each Receipt this Period

35.00

☐ Memo Item

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

170.00

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