

# **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)

**DIFRANCO, GERALDINE, L., MS.,**

Mailing Address 1 N DEE RD

City

PARK RIDGE

State

IL

Zip Code

60068

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
PERIODONTIST

Receipt For: 2020

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

475.00

**Transaction ID : SA17A.38232**

Date of Receipt

M M / D D / Y Y Y Y  
05 / 29 / 2019

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

**DIFRANCO, MICHAEL, J.,**

Mailing Address 36271 HILLCREST DR

City

EASTLAKE

State

OH

Zip Code

44095

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CITY OF EUCLID

Occupation  
SEWER LATERAL MAINT

Receipt For: 2020

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

303.75

**Transaction ID : SA17A.107900**

Date of Receipt

M M / D D / Y Y Y Y  
04 / 05 / 2019

Amount of Each Receipt this Period

35.00

☐ Memo Item

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

**DIFRANCO, MICHAEL, J.,**

Mailing Address 36271 HILLCREST DR

City

EASTLAKE

State

OH

Zip Code

44095

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CITY OF EUCLID

Occupation  
SEWER LATERAL MAINT

Receipt For: 2020

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

328.75

**Transaction ID : SA17A.107901**

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).....

160.00

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