

# **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)**

**FENSKE, DANIEL, , ,**

Mailing Address W10979 CZECH RD

City  
COLOMA

State  
WI

Zip Code  
54930

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MT MORRIS MUTUAL INSURANCE CO

Occupation  
INSURANCE EXECUTIVE

Receipt For: 2020

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

783.75

**Transaction ID : SA17A.79909**

Date of Receipt

**05 / 30 / 2019**

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

**FENSKE, JERALD, A., MR.,**

Mailing Address 122 WHEELER DR

City  
HURON

State  
OH

Zip Code  
44839

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
CHURCH

Occupation  
STAFF

Receipt For: 2020

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

176.75

**Transaction ID : SA17A.39920**

Date of Receipt

**04 / 05 / 2019**

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

**FENSTERMAKER, DOUGLAS, , ,**

Mailing Address 320 AMBER DR SE

City  
WARREN

State  
OH

Zip Code  
44484

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
KING COLLISION

Occupation  
AUTO COLLISION REPAIR

Receipt For: 2020

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

662.50

**Transaction ID : SA17A.19558**

Date of Receipt

**06 / 13 / 2019**

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

220.00

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