

# **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)**

**FUGERE, TREVELYAN, , ,**

Mailing Address 116 N SIERRA AVE

City

SOLANA BEACH

State

CA

Zip Code

92075

FEC ID number of contributing  
federal political committee.

C

Name of Employer

PDR PAINTLESS DENT REMOVAL

Occupation

OWNER DENT REMOVAL COMPANY

Receipt For: 2020

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

525.00

**Transaction ID : SA17A.51424**

Date of Receipt

M M / D D / Y Y Y Y  
04 / 22 / 2019

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

**FUHRMAN, TROY, , ,**

Mailing Address 3540 W SAHARA AVE #435

City

LAS VEGAS

State

NV

Zip Code

89102

FEC ID number of contributing  
federal political committee.

C

Name of Employer

KYUNGPOOK NATIONAL UNIVERSITY

Occupation

PROFESSOR

Receipt For: 2020

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

**Transaction ID : SA17A.70628**

Date of Receipt

M M / D D / Y Y Y Y  
06 / 16 / 2019

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

**FUHRMAN, JOHN, , ,**

Mailing Address 25923 47TH AVENUE CT E

City

GRAHAM

State

WA

Zip Code

98338

FEC ID number of contributing  
federal political committee.

C

Name of Employer

FUHRMAN LAW

Occupation

ATTORNEY

Receipt For: 2020

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

1442.75

**Transaction ID : SA17A.88986**

Date of Receipt

M M / D D / Y Y Y Y  
04 / 29 / 2019

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

250.00

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