

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)

GRISHAM, JOHN, C, MR.,

Mailing Address 105 MILL CREEK DR

City

BOARDMAN

State

OH

Zip Code

44512

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 ▼

1762.50

Transaction ID : SA17A.52211

Date of Receipt

M M / D D / Y Y Y Y
06 / 14 / 2019

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

GRISHAM, SHARON, , ,

Mailing Address 6286 N CHARLESTON PL

City

BOISE

State

ID

Zip Code

83703

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 ▼

380.50

Transaction ID : SA17A.44755

Date of Receipt

M M / D D / Y Y Y Y
04 / 26 / 2019

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

GRISNIK, GEORGE, , ,

Mailing Address 219 EVANDALE RD

City

CANONSBURG

State

PA

Zip Code

15317

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation
PHYSICIAN

Receipt For: 2020

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

270.00

Transaction ID : SA17A.19775

Date of Receipt

M M / D D / Y Y Y Y
06 / 13 / 2019

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

300.00

Total This Period (last page this line number only)