

# **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)

**HANSON, JAMES, E, ,**

Mailing Address 9930 JOHNNYCAKE RIDGE RD

City  
MENTOR

State  
OH

Zip Code  
44060

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
HANSON INSURANCE AGENCY

Occupation  
INSURANCE AGENT

Receipt For: 2020

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

465.00

**Transaction ID : SA17A.78504**

Date of Receipt

**05 / 25 / 2019**

Amount of Each Receipt this Period

35.00

☐ Memo Item

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

**HANSON, JAMES, E, ,**

Mailing Address 9930 JOHNNYCAKE RIDGE RD

City  
MENTOR

State  
OH

Zip Code  
44060

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
HANSON INSURANCE AGENCY

Occupation  
INSURANCE AGENT

Receipt For: 2020

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17A.78505**

Date of Receipt

**06 / 25 / 2019**

Amount of Each Receipt this Period

35.00

☐ Memo Item

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

**HANSON, JON, , ,**

Mailing Address 435 STUTTGART DR

City  
BISMARCK

State  
ND

Zip Code  
58504

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
NOT EMPLOYED

Occupation  
NOT EMPLOYED

Receipt For: 2020

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

200.00

**Transaction ID : SA17A.73634**

Date of Receipt

**04 / 16 / 2019**

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

95.00

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