

# **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)

HARRIS, DALE, , ,

Mailing Address 12336 WHITE HILL RD

City

PRAIRIE CITY

State

SD

Zip Code

57649

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SIMPSON RANCH

Occupation  
RANCHER

Receipt For: 2020

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

523.63

**Transaction ID : SA17A.40005**

Date of Receipt

M M / D D / Y Y Y Y  
04 / 11 / 2019

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

HARRIS, DEBORAH, , ,

Mailing Address 1619 CHARTWELL DR

City

DAYTON

State

OH

Zip Code

45459

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 ▼

795.00

**Transaction ID : SA17A.67468**

Date of Receipt

M M / D D / Y Y Y Y  
04 / 15 / 2019

Amount of Each Receipt this Period

35.00

☐ Memo Item

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

HARRIS, DEBORAH, E., MS.,

Mailing Address 3416 EDWARDS DR

City

PLANO

State

TX

Zip Code

75025

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 ▼

190.15

**Transaction ID : SA17A.43271**

Date of Receipt

M M / D D / Y Y Y Y  
05 / 09 / 2019

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

235.00

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