

# **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)

HICKMAN, KIM, , ,

Mailing Address 7109 MCKENNA CT

City  
LOUISVILLE

State  
KY

Zip Code  
40291

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
FIRST UROLOGY PSC

Occupation  
LABORATORY SERVICES COORDINATOR

Receipt For: 2020

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

420.00

**Transaction ID : SA17A.76919**

Date of Receipt

M M / D D / Y Y Y Y  
05 / 21 / 2019

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

HICKMAN, KIM, , ,

Mailing Address 7109 MCKENNA CT

City  
LOUISVILLE

State  
KY

Zip Code  
40291

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
FIRST UROLOGY PSC

Occupation  
LABORATORY SERVICES COORDINATOR

Receipt For: 2020

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

440.00

**Transaction ID : SA17A.76920**

Date of Receipt

M M / D D / Y Y Y Y  
06 / 21 / 2019

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

HICKMAN, RICK, , ,

Mailing Address 994 GLENWOOD ST NE

City  
WARREN

State  
OH

Zip Code  
44483

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
LOCAL 396

Occupation  
PIPEFITTER

Receipt For: 2020

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

459.75

**Transaction ID : SA17A.35323**

Date of Receipt

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

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

60.00

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