

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)

HOWELL, RON, , ,

Mailing Address 3685 CABBAGE PALM WAY

City

LOXAHATCHEE

State

FL

Zip Code

33470

FEC ID number of contributing
federal political committee.

C

Name of Employer

FLORIDA ENVIRONMENTAL PEST MANAGI

Occupation

SELF-EMPLOYED

Receipt For: 2020

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2500.00

Transaction ID : SA17A.72498

Date of Receipt

M M / D D / Y Y Y Y
05 / 19 / 2019

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

HOWELL, RON, , ,

Mailing Address 3685 CABBAGE PALM WAY

City

LOXAHATCHEE

State

FL

Zip Code

33470

FEC ID number of contributing
federal political committee.

C

Name of Employer

FLORIDA ENVIRONMENTAL PEST

Occupation

SELF-EMPLOYED

MANAGEMENT
Receipt For: 2020

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2600.00

Transaction ID : SA17A.72499

Date of Receipt

M M / D D / Y Y Y Y
06 / 19 / 2019

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

HOWELL, THOMAS, , ,

Mailing Address 3357 JONS WAY

City

MARION

State

TX

Zip Code

78124

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 ▼

1134.25

Transaction ID : SA17A.43010

Date of Receipt

M M / D D / Y Y Y Y
04 / 18 / 2019

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

250.00

Total This Period (last page this line number only)