

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)

IOTT, CHRISTINE, , ,

Mailing Address 5245 KEENER RD

City

MONCLOVA

State

OH

Zip Code

43542

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 ▼

2874.00

Transaction ID : SA17A.60085

Date of Receipt

MM / DD / YYYY
06 / 28 / 2019

REDESIGNATION TO GENERAL

Amount of Each Receipt this Period

- 500.00

☐ Memo Item

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

IOTT, CHRISTINE, , ,

Mailing Address 5245 KEENER RD

City

MONCLOVA

State

OH

Zip Code

43542

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 ▼

3374.00

Transaction ID : SA17A.60086

Date of Receipt

MM / DD / YYYY
06 / 28 / 2019

REDESIGNATION FROM PRIMARY

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

IOTT, GREG, , ,

Mailing Address 1624 S ENTERPRISE AVE

City

SPRINGFIELD

State

MO

Zip Code

65804

FEC ID number of contributing
federal political committee.

C

Name of Employer

AMERICAN FAMILY INS

Occupation

INSURANCE

Receipt For: 2020

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

400.00

Transaction ID : SA17A.66390

Date of Receipt

MM / DD / YYYY
04 / 14 / 2019

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

50.00

Total This Period (last page this line number only)