

# **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)**

**JONES, CAROL, , ,**

Mailing Address 16122 NW 208TH WAY

City  
HIGH SPRINGS

State  
FL

Zip Code  
32643

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
FLORIDA PHONE SYSTEMS INC

Occupation  
BOOKKEEPER

Receipt For: 2020

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

450.25

**Transaction ID : SA17A.37600**

Date of Receipt

**06** / **20** / **2019**

Amount of Each Receipt this Period

35.00

☐ Memo Item

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

**JONES, CAROLYN, , ,**

Mailing Address 410 W MAIN ST

City  
CAIRO

State  
OH

Zip Code  
45820

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 ▼

25.00

**Transaction ID : SA17A.18480**

Date of Receipt

**06** / **07** / **2019**

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

**JONES, CAROLYN, , ,**

Mailing Address 410 W MAIN ST

City  
CAIRO

State  
OH

Zip Code  
45820

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 ▼

275.00

**Transaction ID : SA17A.18481**

Date of Receipt

**06** / **09** / **2019**

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

310.00

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