

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, DALE, , ,

Mailing Address 104 SPRINGBERRY CT

City
CARY

State
NC

Zip Code
27518

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDNAX

Occupation
CERTIFIED REGISTERED NURSE ANESTHE

Receipt For: 2020

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1401.40

Transaction ID : SA17A.108560

Date of Receipt

M M / D D / Y Y Y Y
04 / 22 / 2019

Amount of Each Receipt this Period

35.00

☐ Memo Item

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

JONES, DALE, , ,

Mailing Address 104 SPRINGBERRY CT

City
CARY

State
NC

Zip Code
27518

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDNAX

Occupation
CERTIFIED REGISTERED NURSE
ANESTHETIST

Receipt For: 2020

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1451.40

Transaction ID : SA17A.108561

Date of Receipt

M M / D D / Y Y Y Y
05 / 03 / 2019

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

JONES, DALE, , ,

Mailing Address 104 SPRINGBERRY CT

City
CARY

State
NC

Zip Code
27518

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDNAX

Occupation
CERTIFIED REGISTERED NURSE
ANESTHETIST

Receipt For: 2020

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1550.15

Transaction ID : SA17A.108562

Date of Receipt

M M / D D / Y Y Y Y
05 / 22 / 2019

Amount of Each Receipt this Period

35.00

☐ Memo Item

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

120.00

Total This Period (last page this line number only)