

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)

KELLY, PATRICIA, , ,

Mailing Address 233 2ND STREET

City

JERSEY CITY

State

NJ

Zip Code

07302

FEC ID number of contributing
federal political committee.

C

Name of Employer

CITY OF JERSEY CITY

Occupation

ACCOUNT CLERK

Receipt For: 2020

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

477.67

Transaction ID : SA17A.101506

Date of Receipt

M M / D D / Y Y Y Y
06 / 18 / 2019

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

KELLY, PATRICIA, , ,

Mailing Address 233 2ND STREET

City

JERSEY CITY

State

NJ

Zip Code

07302

FEC ID number of contributing
federal political committee.

C

Name of Employer

CITY OF JERSEY CITY

Occupation

ACCOUNT CLERK

Receipt For: 2020

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

502.67

Transaction ID : SA17A.101507

Date of Receipt

M M / D D / Y Y Y Y
06 / 29 / 2019

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

KELLY, PAUL, , ,

Mailing Address 110 WASHINGTON AVENUE UNIT 1601

City

MIAMI BEACH

State

FL

Zip Code

33139

FEC ID number of contributing
federal political committee.

C

Name of Employer

INSURANCE ADMINISTRATOR OF
AMERICA IN

Occupation

PRESIDENT/CEO

Receipt For: 2020

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Transaction ID : SA17A.27945

Date of Receipt

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

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

300.00

Total This Period (last page this line number only)