

# **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)**

**KING, BETTY, , ,**

Mailing Address 30290 JOSIE BILLIE HWY  
PMB 255

City  
CLEWISTON

State  
FL

Zip Code  
33440

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 ▼

200.00

**Transaction ID : SA17A.62470**

Date of Receipt

M M / D D / Y Y Y Y  
05 / 11 / 2019

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

**KING, BETTY, , ,**

Mailing Address 30290 JOSIE BILLIE HWY  
PMB 255

City  
CLEWISTON

State  
FL

Zip Code  
33440

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 ▼

225.00

**Transaction ID : SA17A.62471**

Date of Receipt

M M / D D / Y Y Y Y  
06 / 11 / 2019

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

**KING, BRENDA, , ,**

Mailing Address 8218 AZIMUTH CT

City  
CORPUS CHRISTI

State  
TX

Zip Code  
78414

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
DEPARTMENT OF HOMELAND  
SECURITY

Occupation  
BORDER PATROL AGENT

Receipt For: 2020

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

514.00

**Transaction ID : SA17A.117965**

Date of Receipt

M M / D D / Y Y Y Y  
04 / 09 / 2019

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

80.00

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