

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)

KLEINE, DAVID, L, ,

Mailing Address 659 ALNWICK CT
PO BOX 3700

City
BARRINGTON

State
IL

Zip Code
60011-3700

FEC ID number of contributing
federal political committee.

C

Name of Employer
THE HIGHLAND GROUP

Occupation
SENIOR PARTNER-MANAGING DIRECTOR

Receipt For: 2020

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

505.00

Transaction ID : SA17A.10653

Date of Receipt

06 / 27 / 2019

Amount of Each Receipt this Period

120.00

☐ Memo Item

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

KLEINE, DONNA, , ,

Mailing Address 2565 MASTERS BLVD

City
NAVARRE

State
FL

Zip Code
32566

FEC ID number of contributing
federal political committee.

C

Name of Employer
COVENANT CARE

Occupation
REGISTERED NURSE

Receipt For: 2020

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

268.00

Transaction ID : SA17A.108508

Date of Receipt

06 / 25 / 2019

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

KLEINHENZ, JOHN, C, MR.,

Mailing Address 27080 OAKWOOD DR

City
OLMSTED TWP

State
OH

Zip Code
44138

FEC ID number of contributing
federal political committee.

C

Name of Employer
TIMBERLAKE POLICE DEPARTMENT

Occupation
POLICE OFFICER

Receipt For: 2020

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

448.75

Transaction ID : SA17A.57881

Date of Receipt

04 / 04 / 2019

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

155.00

Total This Period (last page this line number only)