

# **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)

**MANN, JOHN, B, ,**

Mailing Address 1595 W JORDAN RANCH RD

City

KINGMAN

State

AZ

Zip Code

86409

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
ENGINEER

Receipt For: 2020

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

207.62

**Transaction ID : SA17A.47124**

Date of Receipt

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

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

**MANN, LINDA, , ,**

Mailing Address 25676 SHAFER RD

City

THEBES

State

IL

Zip Code

62990

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 ▼

175.00

**Transaction ID : SA17A.74332**

Date of Receipt

M M / D D / Y Y Y Y  
04 / 18 / 2019

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

**MANN, LINDA, , ,**

Mailing Address 25676 SHAFER RD

City

THEBES

State

IL

Zip Code

62990

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.74333**

Date of Receipt

M M / D D / Y Y Y Y  
04 / 20 / 2019

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

125.00

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