

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)

MCBRIDE, KIM, , ,

Mailing Address 2981 BARRETT RD

City
COLORADO SPRINGS

State
CO

Zip Code
80926

FEC ID number of contributing
federal political committee.

C

Name of Employer
FEDEX

Occupation
ENGINEER

Receipt For: 2020

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

454.55

Transaction ID : SA17A.69942

Date of Receipt

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

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

MCBRIDE, LOUIS, , ,

Mailing Address 240 BURLESON RD

City
ELLIJAY

State
GA

Zip Code
30536

FEC ID number of contributing
federal political committee.

C

Name of Employer
SOUTHERN PIPE & SUPPLY

Occupation
MANAGEMENT

Receipt For: 2020

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

423.91

Transaction ID : SA17A.17602

Date of Receipt

M M / D D / Y Y Y Y
06 / 03 / 2019

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

MCBRIDE, ROBERT, , ,

Mailing Address 2852 LOST LAKES WAY

City
POWDER SPRINGS

State
GA

Zip Code
30127

FEC ID number of contributing
federal political committee.

C

Name of Employer
SYSCO

Occupation
DRIVER

Receipt For: 2020

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

225.00

Transaction ID : SA17A.76323

Date of Receipt

M M / D D / Y Y Y Y
04 / 21 / 2019

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

300.00

Total This Period (last page this line number only)