

SCHEDULE A-P **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 15449 / 77920

<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)

MCDUGAL, CAROL, , ,

Mailing Address 230 E NORTH AVE

City

ANTIGO

State

WI

Zip Code

54409

FEC ID number of contributing
federal political committee.

C

Name of Employer

MENOMINEE INDIAN TRIBE

Occupation

SPEECH PATHOLOGIST

Receipt For: 2020

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

450.00

Transaction ID : SA17A.84786

Date of Receipt

M M / D D / Y Y Y Y
05 / 27 / 2019

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

MCDUGAL, CAROL, , ,

Mailing Address 230 E NORTH AVE

City

ANTIGO

State

WI

Zip Code

54409

FEC ID number of contributing
federal political committee.

C

Name of Employer

MENOMINEE INDIAN TRIBE

Occupation

SPEECH PATHOLOGIST

Receipt For: 2020

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Transaction ID : SA17A.84787

Date of Receipt

M M / D D / Y Y Y Y
06 / 27 / 2019

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

MCDUGALL, ANGUS, , ,

Mailing Address 1327 OVERDALE DR

City

GILLETTE

State

WY

Zip Code

82718

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

PROPERTY MANAGER

Receipt For: 2020

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

287.50

Transaction ID : SA17A.97804

Date of Receipt

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

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

200.00

Total This Period (last page this line number only)