

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)

MONTGOMERY, ANNE, , ,

Mailing Address PO BOX 128

City

BIG HORN

State

WY

Zip Code

82833

FEC ID number of contributing
federal political committee.

C

Name of Employer
NOT EMPLOYED

Occupation
NOT EMPLOYED

Receipt For: 2020

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

362.25

Transaction ID : SA17A.101641

Date of Receipt

M M / D D / Y Y Y Y
05 / 18 / 2019

Amount of Each Receipt this Period

35.00

☐ Memo Item

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

MONTGOMERY, JAMES, , ,

Mailing Address 35 ROYAL ASPEN CT

City

SAINT CHARLES

State

MO

Zip Code

63304

FEC ID number of contributing
federal political committee.

C

Name of Employer
CMMS

Occupation
DAY PORTER

Receipt For: 2020

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

735.15

Transaction ID : SA17A.103522

Date of Receipt

M M / D D / Y Y Y Y
05 / 17 / 2019

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

MONTGOMERY, JAMES, , ,

Mailing Address 35 ROYAL ASPEN CT

City

SAINT CHARLES

State

MO

Zip Code

63304

FEC ID number of contributing
federal political committee.

C

Name of Employer
CMMS

Occupation
DAY PORTER

Receipt For: 2020

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

745.15

Transaction ID : SA17A.103523

Date of Receipt

M M / D D / Y Y Y Y
05 / 17 / 2019

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

55.00

Total This Period (last page this line number only)