

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

PAGE 17453 / 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)

NOVAK, MARGARET, , ,

Mailing Address 2998 TEAL LN

City

CLEARWATER

State

FL

Zip Code

33762

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 ▼

3280.00

**Transaction ID : SA17A.91783**

Date of Receipt

M M / D D / Y Y Y Y  
05 / 19 / 2019

19

2019

SEE REDESIGNATION

Amount of Each Receipt this Period

50.00

☐

Memo Item

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

NOVAK, MARGARET, , ,

Mailing Address 2998 TEAL LN

City

CLEARWATER

State

FL

Zip Code

33762

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 ▼

3230.00

**Transaction ID : SA17A.91784**

Date of Receipt

M M / D D / Y Y Y Y  
05 / 19 / 2019

19

2019

REDESIGNATION TO GENERAL

Amount of Each Receipt this Period

- 50.00

☐

Memo Item

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

NOVAK, MARGARET, , ,

Mailing Address 2998 TEAL LN

City

CLEARWATER

State

FL

Zip Code

33762

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 ▼

3280.00

**Transaction ID : SA17A.91785**

Date of Receipt

M M / D D / Y Y Y Y  
05 / 19 / 2019

19

2019

REDESIGNATION FROM PRIMARY

Amount of Each Receipt this Period

50.00

☐

Memo Item

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

50.00

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