

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)

SHAHEEN, WILLIAM, , ,

Mailing Address 16415 SAPPHIRE ST

City
WESTON

State
FL

Zip Code
33331

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation
PROFESSOR

Receipt For: 2020

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

497.17

Transaction ID : SA17A.69356

Date of Receipt

M M / D D / Y Y Y Y
04 / 17 / 2019

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

SHAHEEN, WILLIAM, , ,

Mailing Address 16415 SAPPHIRE ST

City
WESTON

State
FL

Zip Code
33331

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation
PROFESSOR

Receipt For: 2020

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

517.17

Transaction ID : SA17A.69357

Date of Receipt

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

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

SHAHEEN, WILLIAM, , ,

Mailing Address 16415 SAPPHIRE ST

City
WESTON

State
FL

Zip Code
33331

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation
PROFESSOR

Receipt For: 2020

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

537.17

Transaction ID : SA17A.69358

Date of Receipt

M M / D D / Y Y Y Y
06 / 17 / 2019

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

60.00

Total This Period (last page this line number only)