

# **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)

**SHEELEY, GLENDA, L., MS.,**

Mailing Address 1285 SW CENTER ST

City

PULLMAN

State

WA

Zip Code

99163

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 ▼

595.00

**Transaction ID : SA17A.40217**

Date of Receipt

M M / D D / Y Y Y Y  
05 / 28 / 2019

Amount of Each Receipt this Period

35.00

☐ Memo Item

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

**SHEELEY, GLENDA, L., MS.,**

Mailing Address 1285 SW CENTER ST

City

PULLMAN

State

WA

Zip Code

99163

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 ▼

656.25

**Transaction ID : SA17A.40218**

Date of Receipt

M M / D D / Y Y Y Y  
06 / 28 / 2019

Amount of Each Receipt this Period

35.00

☐ Memo Item

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

**SHEELY, ROBERT, , ,**

Mailing Address 1060 N UNIVERSITY BLVD

City

MIDDLETOWN

State

OH

Zip Code

45042

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DR.ROBERT B.SHEELY INC.

Occupation  
CHIROPRACTIC PHYSICIAN

Receipt For: 2020

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1103.00

**Transaction ID : SA17A.19446**

Date of Receipt

M M / D D / Y Y Y Y  
06 / 13 / 2019

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

95.00

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