

# **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)**

**SOLOMON, GAYLE, , ,**

Mailing Address 201 W PARK ST

City

LITTLE ELM

State

TX

Zip Code

75068

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 ▼

353.25

**Transaction ID : SA17A.35474**

Date of Receipt

MM / DD / YYYY  
06 / 09 / 2019

Amount of Each Receipt this Period

3.00

☐ Memo Item

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

**SOLOMON, LANCE, , ,**

Mailing Address 26 PARISH AVE

City

STATEN ISLAND

State

NY

Zip Code

10314

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 ▼

296.17

**Transaction ID : SA17A.26389**

Date of Receipt

MM / DD / YYYY  
06 / 18 / 2019

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

**SOLOMON, SCOTT, , ,**

Mailing Address 19 STEEPLEJACK CT

City

OWINGS MILLS

State

MD

Zip Code

21117

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WELLNESS ENTERPRISES

Occupation

CONSULTANT

Receipt For: 2020

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

3040.25

**Transaction ID : SA17A.45178**

Date of Receipt

MM / DD / YYYY  
04 / 12 / 2019

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

128.00

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