

# **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)**

**SPOLYAR, DAVID, , ,**

Mailing Address 444 WOODRIDGE CT

City

LAKE ORION

State

MI

Zip Code

48360

FEC ID number of contributing  
federal political committee.

C

Name of Employer

FORD

Occupation

ENGINEER

Receipt For: 2020

☒

Primary

☐

General

☐

Other (specify) ▼

Election Cycle-to-Date ▼

700.00

**Transaction ID : SA17A.86299**

Date of Receipt

M M / D D / Y Y Y Y

06

28

2019

Amount of Each Receipt this Period

35.00

☐

Memo Item

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

**SPONAUGLE, JIM, , ,**

Mailing Address 2805 COLDSPRING RD

City

ZANESVILLE

State

OH

Zip Code

43701

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENESIS HEALTHCARE SYSTEMS

Occupation

MD

Receipt For: 2020

☒

Primary

☐

General

☐

Other (specify) ▼

Election Cycle-to-Date ▼

750.00

**Transaction ID : SA17A.33181**

Date of Receipt

M M / D D / Y Y Y Y

06

30

2019

Amount of Each Receipt this Period

250.00

☐

Memo Item

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

**SPONSELLER, ERIC, , ,**

Mailing Address PO BOX 1583

City

LIMA

State

OH

Zip Code

45802

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RHODES STATE COLLEGE

Occupation

HIGHER EDUCATION ADMINISTRATOR

Receipt For: 2020

☒

Primary

☐

General

☐

Other (specify) ▼

Election Cycle-to-Date ▼

416.20

**Transaction ID : SA17A.60643**

Date of Receipt

M M / D D / Y Y Y Y

04

18

2019

Amount of Each Receipt this Period

50.00

☐

Memo Item

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

335.00

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