

# **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)

**STEINBERGER, JOHN, , ,**

Mailing Address 33 EDINBURGH RD

City  
CHARLESTON

State  
SC

Zip Code  
29407

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
PROPERTY RENTAL

Receipt For: 2020

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

380.96

**Transaction ID : SA17A.66489**

Date of Receipt

**06 / 14 / 2019**

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

**STEINBERGH, ANITA, , DR.,**

Mailing Address 7641 CHERRYFIELD PL

City  
COLUMBUS

State  
OH

Zip Code  
43235

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
OUHCOM

Occupation  
PHYSICIAN

Receipt For: 2020

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17A.51483**

Date of Receipt

**04 / 19 / 2019**

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

**STEINDAMM, DIETER, , ,**

Mailing Address 75-5620 KAUHOLA ST UNIT 3

City  
KAILUA KONA

State  
HI

Zip Code  
96740

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 ▼

338.75

**Transaction ID : SA17A.114688**

Date of Receipt

**04 / 06 / 2019**

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

285.00

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