

# **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)

STIRES, VIRGINIA, , ,

Mailing Address 10360 WINCHESTER SOUTHERN RD

City  
STOUTSVILLE

State  
OH

Zip Code  
43154

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 ▼

419.50

**Transaction ID : SA17A.112835**

Date of Receipt

M M / D D / Y Y Y Y  
04 / 24 / 2019

Amount of Each Receipt this Period

5.00

☐ Memo Item

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

STIRES, VIRGINIA, , ,

Mailing Address 10360 WINCHESTER SOUTHERN RD

City  
STOUTSVILLE

State  
OH

Zip Code  
43154

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 ▼

429.50

**Transaction ID : SA17A.112836**

Date of Receipt

M M / D D / Y Y Y Y  
05 / 01 / 2019

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

STIRES, VIRGINIA, , ,

Mailing Address 10360 WINCHESTER SOUTHERN RD

City  
STOUTSVILLE

State  
OH

Zip Code  
43154

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 ▼

439.50

**Transaction ID : SA17A.112837**

Date of Receipt

M M / D D / Y Y Y Y  
05 / 08 / 2019

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

25.00

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