

# **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)

**SZABO, MARIANNA, , ,**

Mailing Address 9700 N WILLOW AVE

City  
TAMPA

State  
FL

Zip Code  
33612

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MID-FLORIDA PATHOLOGY

Occupation  
PATHOLOGIST

Receipt For: 2020

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

723.50

**Transaction ID : SA17A.100047**

Date of Receipt

**04 / 30 / 2019**

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

**SZABO, MARIANNA, , ,**

Mailing Address 9700 N WILLOW AVE

City  
TAMPA

State  
FL

Zip Code  
33612

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MID-FLORIDA PATHOLOGY

Occupation  
PATHOLOGIST

Receipt For: 2020

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

997.50

**Transaction ID : SA17A.100048**

Date of Receipt

**05 / 22 / 2019**

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

**SZABO, MARIANNA, , ,**

Mailing Address 9700 N WILLOW AVE

City  
TAMPA

State  
FL

Zip Code  
33612

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MID-FLORIDA PATHOLOGY

Occupation  
PATHOLOGIST

Receipt For: 2020

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1156.97

**Transaction ID : SA17A.100049**

Date of Receipt

**05 / 28 / 2019**

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

125.00

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