

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)

THOMAS, BRIAN, , ,

Mailing Address 33353 CHERYL ST

City

CLINTON TOWNSHIP

State

MI

Zip Code

48035

FEC ID number of contributing
federal political committee.

C

Name of Employer

TRUTRON

Occupation

MACHINE OPPPERATER

Receipt For: 2020

☒

Primary

☐

General

☐

Other (specify) ▼

Election Cycle-to-Date ▼

3470.00

Transaction ID : SA17A.94507

Date of Receipt

M M / D D / Y Y Y Y
04 / 30 / 2019

REDESIGNATION TO GENERAL

Amount of Each Receipt this Period

- 50.00

☐

Memo Item

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

THOMAS, BRIAN, , ,

Mailing Address 33353 CHERYL ST

City

CLINTON TOWNSHIP

State

MI

Zip Code

48035

FEC ID number of contributing
federal political committee.

C

Name of Employer

TRUTRON

Occupation

MACHINE OPPPERATER

Receipt For: 2020

☐

Primary

☒

General

☐

Other (specify) ▼

Election Cycle-to-Date ▼

3520.00

Transaction ID : SA17A.94508

Date of Receipt

M M / D D / Y Y Y Y
04 / 30 / 2019

REDESIGNATION FROM PRIMARY

Amount of Each Receipt this Period

50.00

☐

Memo Item

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

THOMAS, BRIAN, , ,

Mailing Address 33353 CHERYL ST

City

CLINTON TOWNSHIP

State

MI

Zip Code

48035

FEC ID number of contributing
federal political committee.

C

Name of Employer

TRUTRON

Occupation

MACHINE OPPPERATER

Receipt For: 2020

☒

Primary

☐

General

☐

Other (specify) ▼

Election Cycle-to-Date ▼

3570.00

Transaction ID : SA17A.94509

Date of Receipt

M M / D D / Y Y Y Y
05 / 30 / 2019

SEE REDESIGNATION

Amount of Each Receipt this Period

50.00

☐

Memo Item

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

50.00

Total This Period (last page this line number only)