

# **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)

WALKER, LINDA, , ,

Mailing Address PO BOX 266

City

BLACKWELL

State

TX

Zip Code

79506

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 ▼

1237.50

**Transaction ID : SA17A.95150**

Date of Receipt

MM / DD / YYYY  
05 / 31 / 2019

31

2019

Amount of Each Receipt this Period

100.00

☐

Memo Item

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

WALKER, LINDA, , ,

Mailing Address PO BOX 266

City

BLACKWELL

State

TX

Zip Code

79506

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 ▼

1287.50

**Transaction ID : SA17A.95151**

Date of Receipt

MM / DD / YYYY  
06 / 16 / 2019

16

2019

Amount of Each Receipt this Period

50.00

☐

Memo Item

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

WALKER, MARIANNE, , ,

Mailing Address 938 MIRABELLE AVE

City

WESTBURY

State

NY

Zip Code

11590

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 ▼

201.25

**Transaction ID : SA17A.49232**

Date of Receipt

MM / DD / YYYY  
06 / 20 / 2019

20

2019

Amount of Each Receipt this Period

50.00

☐

Memo Item

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

200.00

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