

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 24751 / 77920

<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)

WALLACE, ROD, , ,

Mailing Address PO BOX 263

City  
HARRISBURG

State  
IL

Zip Code  
62946

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WALLACE AUTO PARTS & SERVICES, INC.

Occupation  
PRESIDENT

Receipt For: 2020

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17A.27652**

Date of Receipt

MM / DD / YYYY  
06 / 19 / 2019

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

WALLACE, RONDA, , ,

Mailing Address 8201 FARM CROSSING CIR

City  
POWELL

State  
OH

Zip Code  
43065

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NOT EMPLOYED

Occupation  
NOT EMPLOYED

Receipt For: 2020

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

262.50

**Transaction ID : SA17A.103913**

Date of Receipt

MM / DD / YYYY  
06 / 11 / 2019

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

WALLACE, STEVEN, , ,

Mailing Address 1310 LILAC AVE

City  
CHESAPEAKE

State  
VA

Zip Code  
23325

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 ▼

183.00

**Transaction ID : SA17A.67393**

Date of Receipt

MM / DD / YYYY  
04 / 15 / 2019

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

1100.00

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