

# **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)

WILCOX, BARRY, , DR.,

Mailing Address 4500 ROLAND AVE  
APT 802

City  
DALLAS

State  
TX

Zip Code  
75219

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
TEXAS ONCOLOGY

Occupation  
PHYSICIAN

Receipt For: 2020

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

100.00

**Transaction ID : SA17A.43103**

Date of Receipt

M M / D D / Y Y Y Y  
04 / 19 / 2019

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

WILCOX, DAVID, , ,

Mailing Address 462 SO 1100E #9  
APT 9

City  
SAINT GEORGE

State  
UT

Zip Code  
84107

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CAMPING WORLD

Occupation  
RV SALES

Receipt For: 2020

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

206.00

**Transaction ID : SA17A.43534**

Date of Receipt

M M / D D / Y Y Y Y  
04 / 08 / 2019

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

WILCOX, DAVID, , ,

Mailing Address 462 SO 1100E #9  
APT 9

City  
SAINT GEORGE

State  
UT

Zip Code  
84107

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CAMPING WORLD

Occupation  
RV SALES

Receipt For: 2020

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

216.00

**Transaction ID : SA17A.43535**

Date of Receipt

M M / D D / Y Y Y Y  
04 / 15 / 2019

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

120.00

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