

# **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)  
**BENGRIY, MARLANE, F., MS.,**  
Mailing Address 2098 SHEFFIELD PL

City  
BELLBROOK

State  
OH

Zip Code  
45305

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 ▼

256.25

**Transaction ID : SA17A.55507**

Date of Receipt

**03** / **09** / **2019**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**BENGRIY, MARLANE, F., MS.,**  
Mailing Address 2098 SHEFFIELD PL

City  
BELLBROOK

State  
OH

Zip Code  
45305

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 ▼

281.25

**Transaction ID : SA17A.55508**

Date of Receipt

**03** / **09** / **2019**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**BENITEZ-REXACH, JOSE, L., M.D.**  
Mailing Address 431 SAN SERVANDO AVE

City  
CORAL GABLES

State  
FL

Zip Code  
33143-6320

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
PALMETTO ANESTHESIA

Occupation  
PHYSICIAN

Receipt For: 2020

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

25.00

**Transaction ID : SA17A.25972**

Date of Receipt

**01** / **06** / **2019**

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

75.00

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