

# **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)

CASE, BILL, , ,

Mailing Address 18926 BAYVIEW RD NW

City  
VAUGHN

State  
WA

Zip Code  
98394

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 ▼

500.00

**Transaction ID : SA17A.11818**

Date of Receipt

M M / D D / Y Y Y Y  
03 / 02 / 2019

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

CASE, DEBRA, , ,

Mailing Address 10025 MAGLEDT RD

City  
PARKVILLE

State  
MD

Zip Code  
21234

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 ▼

35.00

**Transaction ID : SA17A.62220**

Date of Receipt

M M / D D / Y Y Y Y  
01 / 06 / 2019

Amount of Each Receipt this Period

35.00

☐ Memo Item

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

CASE, DEBRA, , ,

Mailing Address 10025 MAGLEDT RD

City  
PARKVILLE

State  
MD

Zip Code  
21234

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 ▼

85.15

**Transaction ID : SA17A.62221**

Date of Receipt

M M / D D / Y Y Y Y  
02 / 06 / 2019

Amount of Each Receipt this Period

35.00

☐ Memo Item

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

570.00

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