

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)

CASHON, TRACY, , ,

Mailing Address 216 SANDLEWOOD TRL

City

WINTER PARK

State

FL

Zip Code

32789

FEC ID number of contributing
federal political committee.

C

Name of Employer

ME - TAKING A BREAK

Occupation

FORMER LOGISTICS MANAGER

Receipt For: 2020

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

539.59

Transaction ID : SA17A.81972

Date of Receipt

M M / D D / Y Y Y Y
03 / 31 / 2019

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

CASINO, BERNARD, , ,

Mailing Address 43 E PARK ST

City

WESTERVILLE

State

OH

Zip Code

43081-2301

FEC ID number of contributing
federal political committee.

C

Name of Employer

ROBIN ENTERPRISES CO.

Occupation

PRINTER

Receipt For: 2020

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Transaction ID : SA17A.14215

Date of Receipt

M M / D D / Y Y Y Y
03 / 26 / 2019

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

CASLER, JESSICA, , ,

Mailing Address 7424 WATERSIDE DR

City

COLORADO SPRINGS

State

CO

Zip Code

80925

FEC ID number of contributing
federal political committee.

C

Name of Employer

PENROSE ST FRANCIS HOSPITAL

Occupation

REGISTERED NURSE

Receipt For: 2020

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

35.00

Transaction ID : SA17A.77647

Date of Receipt

M M / D D / Y Y Y Y
01 / 26 / 2019

Amount of Each Receipt this Period

35.00

☐ Memo Item

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

310.00

Total This Period (last page this line number only)