

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 3748 / 66158

<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)

CLARKE, FRED, , ,

Mailing Address 50 STONECREEK DR

City

CHAGRIN FALLS

State

OH

Zip Code

44022-2547

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 ▼

250.00

**Transaction ID : SA17A.25744**

Date of Receipt

M M / D D / Y Y Y Y  
03 / 27 / 2019

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

CLARKE, NANCY, , ,

Mailing Address 2605 GOODRICK AVE

City

RICHMOND

State

CA

Zip Code

94801-1107

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NOR CAL PERLITE

Occupation  
MANUFACTURING

Receipt For: 2020

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

100.00

**Transaction ID : SA17A.12444**

Date of Receipt

M M / D D / Y Y Y Y  
03 / 07 / 2019

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

CLARK PACE, ELAINE, , ,

Mailing Address 600 W GOODALE ST

City

COLUMBUS

State

OH

Zip Code

43215

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
OHIO STATE UNIVERSITY

Occupation  
NURSE

Receipt For: 2020

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

62.50

**Transaction ID : SA17A.93601**

Date of Receipt

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

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

225.00

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