

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 4440 / 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)

**CRYDER, STEVEN, , ,**

Mailing Address 9730 BEECH DR

City  
CINCINNATI

State  
OH

Zip Code  
45231

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SELF EMPLOYED

Occupation  
HEALTHCARE MANAGEMENT

Receipt For: 2020

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

295.15

**Transaction ID : SA17A.88257**

Date of Receipt

**03 / 14 / 2019**

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

**CRYINGWOLF, JADE, , ,**

Mailing Address 603 SEAGAZE DR

City  
OCEANSIDE

State  
CA

Zip Code  
92054

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 ▼

16.21

**Transaction ID : SA17A.79523**

Date of Receipt

**01 / 08 / 2019**

Amount of Each Receipt this Period

4.99

☐ Memo Item

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

**CRYINGWOLF, JADE, , ,**

Mailing Address 603 SEAGAZE DR

City  
OCEANSIDE

State  
CA

Zip Code  
92054

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 ▼

26.21

**Transaction ID : SA17A.79524**

Date of Receipt

**01 / 08 / 2019**

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

39.99

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