

SCHEDULE A-P **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:
(check only one)

PAGE 7208 / 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)

GEIL, ROD, , ,

Mailing Address 9 SPRUCE ST

City

PINE HAVEN

State

WY

Zip Code

82721

FEC ID number of contributing
federal political committee.

C

Name of Employer

TUIT BUSINESS SERVICES INC

Occupation

CONTROLLER

Receipt For: 2020

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

362.32

Transaction ID : SA17A.92177

Date of Receipt

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

Amount of Each Receipt this Period

35.00

☐ Memo Item

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

GEIMAN-SCHMIDT, JANICE, , ,

Mailing Address 2162 YINGLING DR

City

SPRING GROVE

State

PA

Zip Code

17362

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

PROPERTY MANAGER

Receipt For: 2020

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

25.00

Transaction ID : SA17A.81342

Date of Receipt

M M / D D / Y Y Y Y
01 / 08 / 2019

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

GEIMAN-SCHMIDT, JANICE, , ,

Mailing Address 2162 YINGLING DR

City

SPRING GROVE

State

PA

Zip Code

17362

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

PROPERTY MANAGER

Receipt For: 2020

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

50.00

Transaction ID : SA17A.81343

Date of Receipt

M M / D D / Y Y Y Y
01 / 17 / 2019

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

85.00

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