

# **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)

**HOFFMANN, JOHN, , MR.,**

Mailing Address 509 ALMONESSON RD

City  
WESTVILLE

State  
NJ

Zip Code  
08093

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 ▼

43.75

**Transaction ID : SA17A.52194**

Date of Receipt

**02** / **05** / **2019**

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

**HOFFMANN, PAUL, , ,**

Mailing Address 524 N CREST RD

City  
CHATTANOOGA

State  
TN

Zip Code  
37404-1008

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
ERLANGER

Occupation  
PHYSICIAN

Receipt For: 2020

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

247.52

**Transaction ID : SA17A.16071**

Date of Receipt

**01** / **09** / **2019**

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

**HOFFMANN, PAUL, , ,**

Mailing Address 524 N CREST RD

City  
CHATTANOOGA

State  
TN

Zip Code  
37404-1008

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
ERLANGER

Occupation  
PHYSICIAN

Receipt For: 2020

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

347.52

**Transaction ID : SA17A.16072**

Date of Receipt

**02** / **20** / **2019**

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

225.00

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