

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)

HOLLAND, STEVEN, , MR.,

Mailing Address 905 S STORY ST

City

BOONE

State

IA

Zip Code

50036

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 ▼

236.80

Transaction ID : SA17A.53227

Date of Receipt

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

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

HOLLAND, STEVEN, , MR.,

Mailing Address 905 S STORY ST

City

BOONE

State

IA

Zip Code

50036

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 ▼

261.80

Transaction ID : SA17A.53228

Date of Receipt

M M / D D / Y Y Y Y
03 / 15 / 2019

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

HOLLEN, TAWNY, , ,

Mailing Address 5305 SE BYRON DR

City

MILWAUKIE

State

OR

Zip Code

97267-5039

FEC ID number of contributing
federal political committee.

C

Name of Employer

CRISCIONE FAMILY DENTAL

Occupation

DENTAL HYGIENIST

Receipt For: 2020

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

50.00

Transaction ID : SA17A.14167

Date of Receipt

M M / D D / Y Y Y Y
03 / 24 / 2019

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

100.00

Total This Period (last page this line number only)