

# **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)**

JONES, DALE, , ,

Mailing Address 104 SPRINGBERRY CT

City  
CARY

State  
NC

Zip Code  
27518

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDNAX

Occupation  
CRNA

Receipt For: 2020

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

262.65

**Transaction ID : SA17A.72883**

Date of Receipt

M M / D D / Y Y Y Y  
02 / 15 / 2019

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

JONES, DALE, , ,

Mailing Address 104 SPRINGBERRY CT

City  
CARY

State  
NC

Zip Code  
27518

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDNAX

Occupation  
CRNA

Receipt For: 2020

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

306.40

**Transaction ID : SA17A.72884**

Date of Receipt

M M / D D / Y Y Y Y  
02 / 17 / 2019

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

JONES, DALE, , ,

Mailing Address 104 SPRINGBERRY CT

City  
CARY

State  
NC

Zip Code  
27518

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDNAX

Occupation  
CRNA

Receipt For: 2020

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

341.40

**Transaction ID : SA17A.72885**

Date of Receipt

M M / D D / Y Y Y Y  
02 / 22 / 2019

Amount of Each Receipt this Period

35.00

☐ Memo Item

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

85.00

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