

# **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 ▼

376.40

**Transaction ID : SA17A.72886**

Date of Receipt

M M / D D / Y Y Y Y  
02 / 28 / 2019

Amount of Each Receipt this Period

35.00

☐ 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 ▼

426.40

**Transaction ID : SA17A.72887**

Date of Receipt

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

Amount of Each Receipt this Period

50.00

☐ 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 ▼

461.40

**Transaction ID : SA17A.72888**

Date of Receipt

M M / D D / Y Y Y Y  
03 / 22 / 2019

Amount of Each Receipt this Period

35.00

☐ Memo Item

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

120.00

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