

# **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)  
**METILDI, LEONARD, A., MR.,**  
Mailing Address 4351 E LOHMAN AVE

City  
LAS CRUCES

State  
NM

Zip Code  
88011

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MVRMC

Occupation  
SURGEON

Receipt For: 2020

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17A.248936**

Date of Receipt

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

Amount of Each Receipt this Period

100.00

☐ Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**METRICK, ANDREW, , ,**  
Mailing Address 39 CHILDS AVE

City  
FLORAL PARK

State  
NY

Zip Code  
11001-2615

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CITIBANK

Occupation  
PROJECT MANAGER

Receipt For: 2020

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

50.15

**Transaction ID : SA17A.28663**

Date of Receipt

M M / D D / Y Y Y Y  
03 / 01 / 2019

Amount of Each Receipt this Period

35.00

☐ Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**METZ, GEORGE, , ,**  
Mailing Address 280 SALEM AVE

City  
PALM HARBOR

State  
FL

Zip Code  
34684-1450

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 ▼

100.00

**Transaction ID : SA17A.11803**

Date of Receipt

M M / D D / Y Y Y Y  
01 / 23 / 2019

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

235.00

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