

# **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)

**SHAHEEN, WILLIAM, , ,**

Mailing Address 16415 SAPPHIRE ST

City  
WESTON

State  
FL

Zip Code  
33331

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
PROFESSOR

Receipt For: 2020

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

267.17

**Transaction ID : SA17A.56348**

Date of Receipt

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

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

**SHAHEEN, WILLIAM, , ,**

Mailing Address 16415 SAPPHIRE ST

City  
WESTON

State  
FL

Zip Code  
33331

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
PROFESSOR

Receipt For: 2020

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

287.17

**Transaction ID : SA17A.56349**

Date of Receipt

M M / D D / Y Y Y Y  
03 / 17 / 2019

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

**SHAHROOZI, KEVIN, , MR.,**

Mailing Address 167 E 77TH ST  
APT 6

City  
NEW YORK

State  
NY

Zip Code  
10075-1949

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
BRIONNI

Occupation  
CLIENT MANAGE

Receipt For: 2020

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

50.00

**Transaction ID : SA17A.18611**

Date of Receipt

M M / D D / Y Y Y Y  
01 / 06 / 2019

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

90.00

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