

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)

WEBB, KIMALIE, S., MS.,

Mailing Address 1611 STABLE CIR

City
INDIANAPOLIS

State
IN

Zip Code
46239

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 ▼

117.75

Transaction ID : SA17A.44147

Date of Receipt

M M / D D / Y Y Y Y
02 / 23 / 2019

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

WEBB, LINDA, R., MRS.,

Mailing Address 31 RIVER DR

City
TEQUESTA

State
FL

Zip Code
33469-1950

FEC ID number of contributing
federal political committee.

C

Name of Employer
WEBB BUILDERS LLC

Occupation
OWNER

Receipt For: 2020

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Transaction ID : SA17A.25067

Date of Receipt

M M / D D / Y Y Y Y
02 / 03 / 2019

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

WEBB, MICHAEL, , ,

Mailing Address 3402 HEARDS FERRY DR

City
TAMPA

State
FL

Zip Code
33618

FEC ID number of contributing
federal political committee.

C

Name of Employer
LIBERTY MUTUAL

Occupation
PHYSICIAN

Receipt For: 2020

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

50.00

Transaction ID : SA17A.38656

Date of Receipt

M M / D D / Y Y Y Y
01 / 02 / 2019

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

325.00

Total This Period (last page this line number only)