

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)

WOODWARD, ANGIE, , ,

Mailing Address 64 SAFE HAVEN RD

City
POWELL

State
WY

Zip Code
82435

FEC ID number of contributing
federal political committee.

C

Name of Employer
TRINITY TEEN SOLUTIONS

Occupation
OWNER

Receipt For: 2020

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

100.00

Transaction ID : SA17A.34991

Date of Receipt

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

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

WOODWARD, ANGIE, , ,

Mailing Address 64 SAFE HAVEN RD

City
POWELL

State
WY

Zip Code
82435

FEC ID number of contributing
federal political committee.

C

Name of Employer
TRINITY TEEN SOLUTIONS

Occupation
OWNER

Receipt For: 2020

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

200.00

Transaction ID : SA17A.34992

Date of Receipt

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

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

WOODWARD, ANGIE, , ,

Mailing Address 64 SAFE HAVEN RD

City
POWELL

State
WY

Zip Code
82435

FEC ID number of contributing
federal political committee.

C

Name of Employer
TRINITY TEEN SOLUTIONS

Occupation
OWNER

Receipt For: 2020

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

Transaction ID : SA17A.34993

Date of Receipt

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

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

300.00

Total This Period (last page this line number only)