

# **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)

**CROSSEN, RALPH, , ,**

Mailing Address 18 WOODRIDGE RD

City

EAST SANDWICH

State

MA

Zip Code

02537

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.78335**

Date of Receipt

M M / D D / Y Y Y Y

02

27

2020

Amount of Each Receipt this Period

100.00

☐

Memo Item

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

**CROSSLAND, PETER, , ,**

Mailing Address 342 WEST 200 SOUTH APT 202

City

SALT LAKE CITY

State

UT

Zip Code

84101

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MARATHON PETROLEUM CORPORATION

Occupation

PROJECT CONTROLS MANAGER

Receipt For: 2020

☒

Primary

☐

General

☐

Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17A.78341**

Date of Receipt

M M / D D / Y Y Y Y

02

19

2020

Amount of Each Receipt this Period

500.00

☐

Memo Item

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

**CROSSLEY, ANIKO, , ,**

Mailing Address PO BOX 16

City

NEWINGTON

State

VA

Zip Code

22122

FEC ID number of contributing  
federal political committee.

C

Name of Employer

DEPARTMENT OF DEFENSE

Occupation

CHANGE AGENT

Receipt For: 2020

☒

Primary

☐

General

☐

Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17A.78343**

Date of Receipt

M M / D D / Y Y Y Y

02

08

2020

Amount of Each Receipt this Period

250.00

☐

Memo Item

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

850.00

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