

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)

KLINGE, PATRICIA, , ,

Mailing Address 5428 WHITE ASTER WAY

City
INDIANAPOLIS

State
IN

Zip Code
46237

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 ▼

235.00

Transaction ID : SA17A.31540

Date of Receipt

02 / 24 / 2020

EARMARKED THROUGH WINRED [SA17A.4416]

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

KLINGENBERG, BRENDA, , ,

Mailing Address 20539 COUNTY ROAD 40

City
LA SALLE

State
CO

Zip Code
80645

FEC ID number of contributing
federal political committee.

C

Name of Employer
SAVA SENIOR CARE

Occupation
RN

Receipt For: 2020

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

25.00

Transaction ID : SA17A.97481

Date of Receipt

02 / 09 / 2020

EARMARKED THROUGH WINRED [SA17A.4388]

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

KLINGENSMITH, CATHY, , ,

Mailing Address 12711 WIDLEY CIR

City
HOUSTON

State
TX

Zip Code
77077

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation
PETROLEUM ENGINEER

Receipt For: 2020

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

100.00

Transaction ID : SA17A.97483

Date of Receipt

02 / 05 / 2020

EARMARKED THROUGH WINRED [SA17A.4387]

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

225.00

Total This Period (last page this line number only)