

# **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)

**PATRICK, MICHAEL, , ,**

Mailing Address 109 OXFORD DR

8

City

BRANSON

State

MO

Zip Code

65616

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GRAND COUNTRY INC

Occupation

GENERAL MANAGER

Receipt For: 2020

☒ Primary

☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

35.00

**Transaction ID : SA17A.111221**

Date of Receipt

M M / D D / Y Y Y Y  
02 / 27 / 2020

Amount of Each Receipt this Period

35.00

☐ Memo Item

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

**PATRICK, PHYLLIS, , ,**

Mailing Address 4536 AUDREY CT

City

MIDDLETOWN

State

OH

Zip Code

45042

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 ▼

250.00

**Transaction ID : SA17A.111223**

Date of Receipt

M M / D D / Y Y Y Y  
02 / 06 / 2020

EARMARKED THROUGH WINRED [SA17A.4387]

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

**PATRICK, SANDEE, , ,**

Mailing Address 4569 NE 6TH ST

City

OCALA

State

FL

Zip Code

34470

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 ▼

25.00

**Transaction ID : SA17A.111225**

Date of Receipt

M M / D D / Y Y Y Y  
02 / 26 / 2020

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

310.00

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