

SCHEDULE A-P **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 466 / 10836

<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)

CAMPBELL, CAM, , ,

Mailing Address P.O. BOX 683

City
SONORA

State
TX

Zip Code
76950

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation
RANCHER

Receipt For: 2020

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

235.00

Transaction ID : SA17A.877562

Date of Receipt

MM / DD / YYYY
08 / 06 / 2017

Amount of Each Receipt this Period

35.00

☐ Memo Item

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

CAMPBELL, CRAIG, , ,

Mailing Address 4330 NW FEDERAL HIGHWAY

City
JENSEN BEACH

State
FL

Zip Code
34957

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation
INSURANCE AGENT

Receipt For: 2020

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

800.00

Transaction ID : SA17A.884123

Date of Receipt

MM / DD / YYYY
07 / 15 / 2017

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

CAMPBELL, CRAIG, , ,

Mailing Address 4330 NW FEDERAL HIGHWAY

City
JENSEN BEACH

State
FL

Zip Code
34957

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation
INSURANCE AGENT

Receipt For: 2020

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

900.00

Transaction ID : SA17A.884118

Date of Receipt

MM / DD / YYYY
08 / 16 / 2017

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

235.00

Total This Period (last page this line number only)