

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)

HENDERSON, JAMES, , ,

Mailing Address 1501 COPPERFIELD PKWY, APT 731

City

COLLEGE STATION

State

TX

Zip Code

77845

FEC ID number of contributing
federal political committee.

C

Name of Employer

MEMORIAL HERMANN HEALTHCARE SYST

Occupation

IT PROJECT MANAGER

Receipt For: 2020

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

675.00

Transaction ID : SA17A.883686

Date of Receipt

M M / D D / Y Y Y Y
08 / 05 / 2017

Amount of Each Receipt this Period

75.00

☐ Memo Item

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

HENDERSON, JAMES, , ,

Mailing Address 1501 COPPERFIELD PKWY, APT 731

City

COLLEGE STATION

State

TX

Zip Code

77845

FEC ID number of contributing
federal political committee.

C

Name of Employer

MEMORIAL HERMANN HEALTHCARE
SYSTEM

Occupation

IT PROJECT MANAGER

Receipt For: 2020

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

750.00

Transaction ID : SA17A.834996

Date of Receipt

M M / D D / Y Y Y Y
09 / 05 / 2017

Amount of Each Receipt this Period

75.00

☐ Memo Item

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

HENDRICK, LEE, , ,

Mailing Address 712 VALLEY DALE ROAD

City

KNOXVILLE

State

TN

Zip Code

37923

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 ▼

350.00

Transaction ID : SA17A.820607

Date of Receipt

M M / D D / Y Y Y Y
07 / 17 / 2017

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

200.00

Total This Period (last page this line number only)