

# **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)**

**MARY KLOTE**

Mailing Address 717 GOULDMAN LANE

City	State	Zip Code
GREAT FALLS	VA	22066

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
US ARMY

Occupation  
PHYSICIAN

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17A.555973**

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		14		2016

Amount of Each Receipt this Period

2700.00

☐ Memo Item

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

**BRADFORD KNIGHT**

Mailing Address 32 CARRIAGE LANE

City	State	Zip Code
NEWCASTLE	DE	19711

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
UNITED STATES ARMY

Occupation  
DUTY CHIEF OF STAFF, OPERATIONS

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17A.556065**

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		13		2016

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

**ELIZABETH KNORR**

Mailing Address 14327 123RD AVE NE

City	State	Zip Code
KIRKLAND	WA	98034

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
CHOICE INSURANCE

Occupation  
INSURANCE REP

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17A.556140**

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		08		2016

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

3200.00

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