

# **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)**

**CINDY BOUNDS**

Mailing Address 1016 SPRING STREET

City	State	Zip Code
WASHINGTON	GA	30673

FEC ID number of contributing federal political committee.

C

Name of Employer  
BOUNDS FARMS

Occupation  
PARTNER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

303.59

**Transaction ID : SA17A.944560**

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		27		2016

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

**CINDY BOUNDS**

Mailing Address 1016 SPRING STREET

City	State	Zip Code
WASHINGTON	GA	30673

FEC ID number of contributing federal political committee.

C

Name of Employer  
BOUNDS FARMS

Occupation  
PARTNER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

328.59

**Transaction ID : SA17A.993967**

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		28		2016

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

**DALE BOURGEOIS**

Mailing Address 4002 ST BLASE DR

City	State	Zip Code
KENNER	LA	70065

FEC ID number of contributing federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17A.762479**

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		22		2016

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

550.00

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