

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:
(check only one)

<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) GAIL KING Mailing Address 12846 E. NEVADA CIRCLE City AURORA State CO Zip Code 80012 FEC ID number of contributing federal political committee. <input type="text" value="C"/> Name of Employer RETIRED Occupation RETIRED Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ <input type="text" value="500.00"/>		Transaction ID : SA17A.1013827 Date of Receipt M M / D D / Y Y Y Y 06 / 29 / 2016 Amount of Each Receipt this Period <input type="text" value="200.00"/> <input type="checkbox"/> Memo Item
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B. Full Name (Last, First, Middle Initial) HERB KING Mailing Address 42 N CENTRAL BLVD City O'FALLON State FL Zip Code 63366 FEC ID number of contributing federal political committee. <input type="text" value="C"/> Name of Employer IVANI Occupation SOFTWARE DEVELOPER Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ <input type="text" value="1000.00"/>		Transaction ID : SA17A.909511 Date of Receipt M M / D D / Y Y Y Y 06 / 26 / 2016 Amount of Each Receipt this Period <input type="text" value="1000.00"/> <input type="checkbox"/> Memo Item
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C. Full Name (Last, First, Middle Initial) JACK KING Mailing Address 44 CRESTFIELD LANE City NORTH KINGSTOWN State RI Zip Code 02852 FEC ID number of contributing federal political committee. <input type="text" value="C"/> Name of Employer SUPERPOSED ASSOCIATES LLC Occupation BUSINESS OWNER Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ <input type="text" value="3002.25"/>		Transaction ID : SA17A.1066023 Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2016 Amount of Each Receipt this Period <input type="text" value="2700.00"/> <input type="checkbox"/> Memo Item
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Subtotal Of Receipts This Page (optional).....

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