

# **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 ▼

450.00

**Transaction ID : SA17A.1518808**

Date of Receipt

MM / DD / YYYY  
09 / 05 / 2018

Amount of Each Receipt this Period

75.00

☐ Memo Item

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

**HENDERSON, JANICE, , ,**

Mailing Address 1901 ARD RIDGE ROAD

City

NANCY

State

KY

Zip Code

42544

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 ▼

500.00

**Transaction ID : SA17A.1417168**

Date of Receipt

MM / DD / YYYY  
07 / 09 / 2018

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

**HENDERSON, LAURA, , ,**

Mailing Address 27 VALLEY VIEW BLVD

City

SHAWNEE

State

OK

Zip Code

74801

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 ▼

250.00

**Transaction ID : SA17A.1561248**

Date of Receipt

MM / DD / YYYY  
09 / 25 / 2018

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

425.00

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