

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)

BRASSIL, REGINA, , ,

Mailing Address 5720 107TH TER E

City
PARRISH

State
FL

Zip Code
34219

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation
WRITER

Receipt For: 2020

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

35.00

Transaction ID : SA17A.53359

Date of Receipt

01 / **21** / **2020**

Amount of Each Receipt this Period

35.00

☐ Memo Item

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

BRASWELL, DOLORES, , ,

Mailing Address 4433 RUTGERS AVE

City
LONG BEACH

State
CA

Zip Code
90808

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER BEST
EFFORTS

Occupation
INFORMATION REQUESTED PER BEST
EFFORTS

Receipt For: 2020

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

25.00

Transaction ID : SA17A.53361

Date of Receipt

01 / **29** / **2020**

EARMARKED THROUGH WINRED [SA17A.4380]

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

BRASWELL, EDDIE, , ,

Mailing Address 528 P8NE STREET

City
CROWLEY

State
TX

Zip Code
76036

FEC ID number of contributing
federal political committee.

C

Name of Employer
POINT POWER INC

Occupation
PROJECT MANAGER

Receipt For: 2020

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

50.00

Transaction ID : SA17A.53363

Date of Receipt

01 / **13** / **2020**

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

110.00

Total This Period (last page this line number only)