

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)

BROWN, MARY, , ,

Mailing Address 905 FIVE POINT RD

City

VIRGINIA BEACH

State

VA

Zip Code

23454

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation
PERSONAL TRAINER

Receipt For: 2020

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

100.00

Transaction ID : SA17A.30212

Date of Receipt

01 / 21 / 2020

EARMARKED THROUGH WINRED [SA17A.4358]

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

BROWN, MARY, , ,

Mailing Address 11650 ALAMO RANCH PKWY
226

City

SAN ANTONIO

State

TX

Zip Code

78253

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 ▼

5.00

Transaction ID : SA17A.30210

Date of Receipt

01 / 30 / 2020

Amount of Each Receipt this Period

5.00

☐ Memo Item

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

BROWN, MARYANNE, K, ,

Mailing Address 9403 CLOVERHILL CT

City

MANASSAS

State

VA

Zip Code

20110

FEC ID number of contributing
federal political committee.

C

Name of Employer
INOVA HEALTH SYSTEM

Occupation
PATIENT REGISTRATION

Receipt For: 2020

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

35.00

Transaction ID : SA17A.53979

Date of Receipt

01 / 10 / 2020

EARMARKED THROUGH WINRED [SA17A.4349]

Amount of Each Receipt this Period

35.00

☐ Memo Item

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

140.00

Total This Period (last page this line number only)