

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)

CARMO, DINA, , ,

Mailing Address 26 JILLIJAM PL

City
BRIDGEPORT

State
CT

Zip Code
06606

FEC ID number of contributing
federal political committee.

C

Name of Employer
ST.JOSEPHS CENTER

Occupation
CNA

Receipt For: 2020

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

10.00

Transaction ID : SA17A.30766

Date of Receipt

MM / DD / YYYY
01 / 15 / 2020

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

CARMO, DINA, , ,

Mailing Address 26 JILLIJAM PL

City
BRIDGEPORT

State
CT

Zip Code
06606

FEC ID number of contributing
federal political committee.

C

Name of Employer
ST.JOSEPHS CENTER

Occupation
CNA

Receipt For: 2020

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

30.00

Transaction ID : SA17A.30767

Date of Receipt

MM / DD / YYYY
01 / 25 / 2020

EARMARKED THROUGH WINRED [SA17A.4362]

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

CARMONNE, JOHN, , ,

Mailing Address 47003 PEMBROOKE ST

City
LEXINGTON PARK

State
MD

Zip Code
20653

FEC ID number of contributing
federal political committee.

C

Name of Employer
SAIC

Occupation
SANALYST

Receipt For: 2020

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

10.00

Transaction ID : SA17A.20398

Date of Receipt

MM / DD / YYYY
01 / 15 / 2020

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

40.00

Total This Period (last page this line number only)