

# **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)**

**CHARLES, PATTI, , ,**

Mailing Address 525 RESTING PLACE RD

City  
MILLERSVILLE

State  
MO

Zip Code  
63766

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 ▼

50.00

**Transaction ID : SA17A.56479**

Date of Receipt

MM / DD / YYYY  
01 / 20 / 2020

EARMARKED THROUGH WINRED [SA17A.4358]

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

**CHARLES, WILLIAM, , ,**

Mailing Address 2723 FISHERMAN ST

City  
KODAK

State  
TN

Zip Code  
37764

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 ▼

100.00

**Transaction ID : SA17A.56481**

Date of Receipt

MM / DD / YYYY  
01 / 06 / 2020

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

**CHARLETON, WILLIAM, , ,**

Mailing Address 245 NORTH RD

City  
HARWINTON

State  
CT

Zip Code  
06791

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 ▼

100.00

**Transaction ID : SA17A.56483**

Date of Receipt

MM / DD / YYYY  
01 / 23 / 2020

EARMARKED THROUGH WINRED [SA17A.4360]

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

250.00

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