

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)

HUBER, WILLIAM, , ,

Mailing Address 1329 PANORAMA RIDGE RD

City

OCEANSIDE

State

CA

Zip Code

92056

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.71981

Date of Receipt

M M / D D / Y Y Y Y
01 / 29 / 2020

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

HUBLER, CINDY, , ,

Mailing Address W796 POTTERS CIR

City

EAST TROY

State

WI

Zip Code

53120

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.71983

Date of Receipt

M M / D D / Y Y Y Y
01 / 15 / 2020

EARMARKED THROUGH WINRED [SA17A.4352]

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

HUBNER, ROBERT, , ,

Mailing Address 2317 CORNELL DR

City

COSTA MESA

State

CA

Zip Code

92626

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.16703

Date of Receipt

M M / D D / Y Y Y Y
01 / 01 / 2020

EARMARKED THROUGH WINRED [SA17A.4342]

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

250.00

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