

# **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)

MINARDI, JEANNIE, , ,

Mailing Address 1011 WALNUT RD

City  
CHARLESTON

State  
WV

Zip Code  
25314

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MINARDI EYE CENTET

Occupation  
OFFICE MANAGER

Receipt For: 2020

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

450.00

**Transaction ID : SA17A.24748**

Date of Receipt

MM / DD / YYYY  
01 / 29 / 2020

EARMARKED THROUGH WINRED [SA17A.4380]

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

MINARDI, LAWRENCE, , ,

Mailing Address 6 QUARRY RDG

City  
CHARLESTON

State  
WV

Zip Code  
25304

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
PHYSICIAN

Receipt For: 2020

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

75.00

**Transaction ID : SA17A.82907**

Date of Receipt

MM / DD / YYYY  
01 / 13 / 2020

Amount of Each Receipt this Period

75.00

☐ Memo Item

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

MINARIK, LINDA, , ,

Mailing Address 1916 HANSON DR

City  
BELLEVUE

State  
NE

Zip Code  
68123

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 ▼

25.00

**Transaction ID : SA17A.82909**

Date of Receipt

MM / DD / YYYY  
01 / 30 / 2020

EARMARKED THROUGH WINRED [SA17A.4381]

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

200.00

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