

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)

PRESTON, MARYANNE, , ,

Mailing Address 11054 WINE PALM RD

City

FORT MYERS

State

FL

Zip Code

33966

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.88947

Date of Receipt

01 / 26 / 2020

EARMARKED THROUGH WINRED [SA17A.4362]

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

PRESTON, PATRICK, , ,

Mailing Address 9925 BELLEFLOWER CIR

City

NEWBURY

State

OH

Zip Code

44065

FEC ID number of contributing
federal political committee.

C

Name of Employer

PRESTON SUPERSTORE

Occupation

CAR DEALER

Receipt For: 2020

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

- 5000.00

Transaction ID : SA17A.42207

Date of Receipt

01 / 24 / 2020

EARMARKED THROUGH WINRED [SA17A.4360]

Amount of Each Receipt this Period

- 5000.00

☐ Memo Item

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

PRESTON, PATRICK, , ,

Mailing Address 9925 BELLEFLOWER CIR

City

NEWBURY

State

OH

Zip Code

44065

FEC ID number of contributing
federal political committee.

C

Name of Employer

PRESTON SUPERSTORE

Occupation

CAR DEALER

Receipt For: 2020

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

- 2200.00

Transaction ID : SA17A.42208

Date of Receipt

01 / 28 / 2020

EXCESS TO BE REFUNDED

Amount of Each Receipt this Period

2800.00

☐ Memo Item

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

- 2100.00

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