

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)

SMITH, STACEY, , ,

Mailing Address 7475 YORK DR

City
SAINT LOUIS

State
MO

Zip Code
63105

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation
MD

Receipt For: 2020

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Transaction ID : SA17A.95571

Date of Receipt

01 / 31 / 2020

EARMARKED THROUGH WINRED [SA17A.4382]

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

SMITH, STACIA, , ,

Mailing Address 10148 NW 99TH ST

City
YUKON

State
OK

Zip Code
73099

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation
ROOFING COMPANY

Receipt For: 2020

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Transaction ID : SA17A.95573

Date of Receipt

01 / 23 / 2020

EARMARKED THROUGH WINRED [SA17A.4360]

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

SMITH, STEPHANIE, , ,

Mailing Address 625 S BEACHWOOD DR

City
BURBANK

State
CA

Zip Code
91506

FEC ID number of contributing
federal political committee.

C

Name of Employer
ROXBURY SURGERY CENTER

Occupation
RN

Receipt For: 2020

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

35.00

Transaction ID : SA17A.95575

Date of Receipt

01 / 27 / 2020

EARMARKED THROUGH WINRED [SA17A.4362]

Amount of Each Receipt this Period

35.00

☐ Memo Item

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

1285.00

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