

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)

AVANT, JOSEPH, , ,

Mailing Address 591 GLENN'S FARM WAY

City

GRAYSON

State

GA

Zip Code

30017

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☐ Primary

☒ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

364.67

Transaction ID : SA17A.2673533

Date of Receipt

M M / D D / Y Y Y Y
09 / 15 / 2016

Amount of Each Receipt this Period

52.00

☐ Memo Item

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

AVELLO, WALDO, , ,

Mailing Address 622 N HAWTHORNE RD

City

DULUTH

State

MN

Zip Code

55812

FEC ID number of contributing
federal political committee.

C

Name of Employer

ST LUKE'S GASTROENTEROLGY

Occupation

PHYSICIAN

Receipt For: 2016

☐ Primary

☒ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

275.00

Transaction ID : SA17A.2651024

Date of Receipt

M M / D D / Y Y Y Y
09 / 30 / 2016

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

AVEN, DAVID, R, MR.,

Mailing Address 140 ISLAND WAY PMB 307

City

CLEARWATER

State

FL

Zip Code

33767

FEC ID number of contributing
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For: 2016

☐ Primary

☒ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Transaction ID : SA17A.2430612

Date of Receipt

M M / D D / Y Y Y Y
09 / 28 / 2016

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

1152.00

Total This Period (last page this line number only)