

# **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)

ORMOND, PETER, , ,

Mailing Address 16822 ROSE APPLE DR

City

DELRAY BEACH

State

FL

Zip Code

33445

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 ▼

2700.00

**Transaction ID : SA17A.2427650**

Date of Receipt

M M / D D / Y Y Y Y  
09 / 14 / 2016

Amount of Each Receipt this Period

2700.00

☐ Memo Item

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

ORMSBY, MARY ELLEN, , ,

Mailing Address 7210 WILLIAMS RD  
APT # 318

City

NIAGARA FALLS

State

NY

Zip Code

14304

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 ▼

275.00

**Transaction ID : SA17A.2610374**

Date of Receipt

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

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

ORNE, CARL, , ,

Mailing Address 2660 SUNNY HILLS DR.

City

NORCO

State

CA

Zip Code

92860

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ORANGE COUNTY, CA D.A.

Occupation  
INVESTIGATOR

Receipt For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

**Transaction ID : SA17A.2617366**

Date of Receipt

M M / D D / Y Y Y Y  
09 / 17 / 2016

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

2900.00

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