

# **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)

**BOGGESE, LINDA, E., MRS.,**

Mailing Address 187 TEAKWOOD CIR W

City  
MIDDLEBURG

State  
FL

Zip Code  
32068

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 ▼

228.25

**Transaction ID : SA17A.22055**

Date of Receipt

**05** / **30** / **2019**

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

**BOGGIANO, ROXANNE, D., MRS.,**

Mailing Address PO BOX 704

City  
SHERIDAN

State  
WY

Zip Code  
82801

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 ▼

420.00

**Transaction ID : SA17A.22092**

Date of Receipt

**04** / **08** / **2019**

Amount of Each Receipt this Period

35.00

☐ Memo Item

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

**BOGGIANO, ROXANNE, D., MRS.,**

Mailing Address PO BOX 704

City  
SHERIDAN

State  
WY

Zip Code  
82801

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 ▼

455.00

**Transaction ID : SA17A.22093**

Date of Receipt

**04** / **20** / **2019**

Amount of Each Receipt this Period

35.00

☐ Memo Item

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

95.00

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