

# **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)**

JACOB, BRUCE, , ,

Mailing Address 1801 MILLRIDGE CT

City  
ANNAPOLIS

State  
MD

Zip Code  
21409

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UMARYLAND

Occupation  
PROFESSOR

Receipt For: 2020

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1250.00

**Transaction ID : SA17A.48606**

Date of Receipt

M M / D D / Y Y Y Y  
04 / 16 / 2019

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

JACOB, BRUCE, , ,

Mailing Address 1801 MILLRIDGE CT

City  
ANNAPOLIS

State  
MD

Zip Code  
21409

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UMARYLAND

Occupation  
PROFESSOR

Receipt For: 2020

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2250.00

**Transaction ID : SA17A.48607**

Date of Receipt

M M / D D / Y Y Y Y  
05 / 30 / 2019

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

JACOB, MERCEDITA, C., DR.,

Mailing Address 155 N HARBOR DR.

City  
CHICAGO

State  
IL

Zip Code  
60601

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
PHYSICIAN

Receipt For: 2020

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

452.50

**Transaction ID : SA17A.51529**

Date of Receipt

M M / D D / Y Y Y Y  
05 / 28 / 2019

Amount of Each Receipt this Period

35.00

☐ Memo Item

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

2035.00

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