

# **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)**

**STROLLO, LISA, , ,**

Mailing Address 80 NEW POINT PL

City  
AMITYVILLE

State  
NY

Zip Code  
11701

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
ASSOCIATE REAL ESTATE BROKER

Receipt For: 2020

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

383.50

**Transaction ID : SA17A.72312**

Date of Receipt

**04** / **26** / **2019**

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

**STROM, KRISTIE, , ,**

Mailing Address 1482 PEACOCK RD

City  
PARIS

State  
KY

Zip Code  
40361

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
NOT EMPLOYED

Occupation  
NOT EMPLOYED

Receipt For: 2020

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2630.00

**Transaction ID : SA17A.72041**

Date of Receipt

**04** / **12** / **2019**

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

**STROM, KRISTIE, , ,**

Mailing Address 1482 PEACOCK RD

City  
PARIS

State  
KY

Zip Code  
40361

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
NOT EMPLOYED

Occupation  
NOT EMPLOYED

Receipt For: 2020

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2880.00

**Transaction ID : SA17A.72042**

Date of Receipt

**04** / **13** / **2019**

SEE REDESIGNATION

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

305.00

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