

SCHEDULE A-P **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 2647 / 66158

<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)

BURGENER, CATHI, , ,

Mailing Address 13625 W MONTEBELLO AVE

City
LITCHFIELD PARK

State
AZ

Zip Code
85340

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 ▼

103.70

Transaction ID : SA17A.70155

Date of Receipt

02 / **28** / **2019**

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

BURGER, TIMOTHY, EARL, DR.,

Mailing Address 340 WILTSEE AVE

City
LOVELAND

State
OH

Zip Code
45140

FEC ID number of contributing
federal political committee.

C

Name of Employer
PACIFIC REDWOOD MEDICAL SERVICES

Occupation
PHYSICIAN

Receipt For: 2020

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Transaction ID : SA17A.51057

Date of Receipt

01 / **09** / **2019**

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

BURGER, TIMOTHY, EARL, DR.,

Mailing Address 340 WILTSEE AVE

City
LOVELAND

State
OH

Zip Code
45140

FEC ID number of contributing
federal political committee.

C

Name of Employer
PACIFIC REDWOOD MEDICAL SERVICES

Occupation
PHYSICIAN

Receipt For: 2020

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

466.74

Transaction ID : SA17A.51058

Date of Receipt

02 / **22** / **2019**

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

375.00

Total This Period (last page this line number only)