

# **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)

**SANDERS, JASON, , ,**

Mailing Address 3702 WASHINGTON ST

City

HOLLYWOOD

State

FL

Zip Code

33021

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

JASON SANDERS MD PL LLC

Occupation

SURGEON

Receipt For: 2020

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

200.00

**Transaction ID : SA17A.40985**

Date of Receipt

**03 / 11 / 2019**

REDESIGNATION TO GENERAL

Amount of Each Receipt this Period

- 100.00

☒ Memo Item

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

**SANDERS, JASON, , ,**

Mailing Address 3702 WASHINGTON ST

City

HOLLYWOOD

State

FL

Zip Code

33021

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

JASON SANDERS MD PL LLC

Occupation

SURGEON

Receipt For: 2020

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

**Transaction ID : SA17A.40986**

Date of Receipt

**03 / 11 / 2019**

REDESIGNATION FROM PRIMARY

Amount of Each Receipt this Period

100.00

☒ Memo Item

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

**SANDERS, JINA, , ,**

Mailing Address 7140 MANOR WOODS CT

City

GERMANTOWN

State

TN

Zip Code

38138

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

HOMEMAKER

Occupation

HOMEMAKER

Receipt For: 2020

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

137.50

**Transaction ID : SA17A.26966**

Date of Receipt

**01 / 09 / 2019**

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

100.00

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