

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)

POER, KARLA, , ,

Mailing Address 1397 MAPLE AVE

City
NOBLESVILLE

State
IN

Zip Code
46060

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 ▼

100.00

Transaction ID : SA17A.112823

Date of Receipt

02 / 04 / 2020

EARMARKED THROUGH WINRED [SA17A.4385]

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

POFFENBARGER, JEFF, , ,

Mailing Address PO BOX 187

City
WAPITI

State
WY

Zip Code
82450

FEC ID number of contributing
federal political committee.

C

Name of Employer
JEFF POFFENBARGER

Occupation
NEUROSURGERY

Receipt For: 2020

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Transaction ID : SA17A.57306

Date of Receipt

02 / 02 / 2020

EARMARKED THROUGH WINRED [SA17A.4383]

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

POFFENBARGER, JEFF, , ,

Mailing Address PO BOX 187

City
WAPITI

State
WY

Zip Code
82450

FEC ID number of contributing
federal political committee.

C

Name of Employer
JEFF POFFENBARGER

Occupation
NEUROSURGERY

Receipt For: 2020

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Transaction ID : SA17A.57307

Date of Receipt

02 / 02 / 2020

EARMARKED THROUGH WINRED [SA17A.4383]

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

600.00

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