

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)

ROGERS-CISSNE, DEBRA, , ,

Mailing Address 6414 W BUCKSKIN TRL

City
PHOENIX

State
AZ

Zip Code
85083

FEC ID number of contributing
federal political committee.

C

Name of Employer
LAWYERS TITLE

Occupation
SALES

Receipt For: 2020

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

50.00

Transaction ID : SA17A.91321

Date of Receipt

01 / 19 / 2020

EARMARKED THROUGH WINRED [SA17A.4358]

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

ROGERSON, SHEILA, , ,

Mailing Address 2743 MEADOW TREE LN

City
SPRING

State
TX

Zip Code
77388

FEC ID number of contributing
federal political committee.

C

Name of Employer
DELIVERY SYSTEM

Occupation
PHARM REP

Receipt For: 2020

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

100.00

Transaction ID : SA17A.91345

Date of Receipt

01 / 29 / 2020

EARMARKED THROUGH WINRED [SA17A.4380]

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

ROGGE, JENNIFER, , ,

Mailing Address 7868 GIRARD AVE

City
LA JOLLA

State
CA

Zip Code
92037

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation
PET CARE

Receipt For: 2020

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

50.00

Transaction ID : SA17A.91365

Date of Receipt

01 / 30 / 2020

EARMARKED THROUGH WINRED [SA17A.4381]

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

200.00

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