

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 2811 OF 70256

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

TRUMP MAKE AMERICA GREAT AGAIN COMMITTEE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. BARBER, DARIN, , ,

Mailing Address 1745 SWEETLEAF CIR NW

City
MASSILLON

State
OH

Zip Code
44647

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
MARATHON PETROLEUM COMPANY

Occupation (for Individual)
ESS MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 29 / 2020

Transaction ID : SA11AI.221139

Amount of Each Receipt this Period

20.00

☐ Memo Item

EARMARKED THROUGH WINRED [SA11AI.4376]

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. BARBER, ERIC, , ,

Mailing Address 4899 FAULKIRK LANE

City
LEXINGTON

State
KY

Zip Code
40515

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
INFORMATION REQUESTED PER BEST EFFORTS

Occupation (for Individual)
INFORMATION REQUESTED PER BE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

825.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 23 / 2020

Transaction ID : SA11AI.236763

Amount of Each Receipt this Period

825.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. BARBER, GAIL, W, ,

Mailing Address 103 BROOKSBY VILLAGE DR

City
PEABODY

State
MA

Zip Code
01960

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

25.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 02 / 2020

Transaction ID : SA11AI.81825

Amount of Each Receipt this Period

25.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

870.00

TOTAL This Period (last page this line number only)..... ►