

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

TRUMP MAKE AMERICA GREAT AGAIN COMMITTEE

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

A. FARRIS, MATTHEW, , ,

Mailing Address 2040 ELAINA LOOP

City
LEANDERState
TXZip Code
78641FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
KEENE ROOFING INCOccupation (for Individual)
CONTRACTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

660.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	3		3	0		2	0	2	0		

Transaction ID : SA11AI.65726

Amount of Each Receipt this Period

100.00

☐ Memo Item

EARMARKED THROUGH WINRED [SA11AI.4397]

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

B. FARRIS, ROGER, F., ,

Mailing Address 107 SOUTH DR

City
COVINGTONState
LAZip Code
70433FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
ROGER FARRIS INSURANCE LLCOccupation (for Individual)
INSURANCE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2		1	8		2	0	2	0		

Transaction ID : SA11AI.5236

Amount of Each Receipt this Period

250.00

☒ Memo ItemPERMISSIBLE FUNDS: ROGER FARRIS INSURANCE
LLC

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

C. FARROW, DENNIS, , ,

Mailing Address 1705 61ST ST NE

City
TACOMAState
WAZip Code
98422FEC ID number of contributing
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1010.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	1		3	0		2	0	2	0		

Transaction ID : SA11AI.243434

Amount of Each Receipt this Period

1010.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1110.00