

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

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

FOR LINE NUMBER:
(check only one)

PAGE 53740 OF 70256

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 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. ROSE, DONNA, , ,

Mailing Address 230 GRAVEL LN

City
RED OAK

State
VA

Zip Code
23964

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
CENTRA HEALTH

Occupation (for Individual)
RN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

185.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 19 / 2020

Transaction ID : SA11AI.169466

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

B. ROSE, DONNA, , ,

Mailing Address 230 GRAVEL LN

City
RED OAK

State
VA

Zip Code
23964

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
CENTRA HEALTH

Occupation (for Individual)
RN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

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

Transaction ID : SA11AI.169467

Amount of Each Receipt this Period

35.00

☐ Memo Item

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

C. ROSE, DONNA, , ,

Mailing Address 230 GRAVEL LN

City
RED OAK

State
VA

Zip Code
23964

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
CENTRA HEALTH

Occupation (for Individual)
RN

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 29 / 2020

Transaction ID : SA11AI.169468

Amount of Each Receipt this Period

35.00

☐ Memo Item

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

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

120.00