

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

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

FOR LINE NUMBER: PAGE 8334 OF 60088

(check only one)

☒ 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. CARUCCI, WAYNE, , ,

Mailing Address 11755 LEBANON RD

City
CINCINNATI

State
OH

Zip Code
45241

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
GATEWAY DISTRIBUTION INC

Occupation (for Individual)
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 15 / 2019

Transaction ID : SA11AI.144430

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

B. CARUCCI, WAYNE, , ,

Mailing Address 11755 LEBANON RD

City
CINCINNATI

State
OH

Zip Code
45241

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
GATEWAY DISTRIBUTION INC

Occupation (for Individual)
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 15 / 2019

Transaction ID : SA11AI.144429

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

C. CARUSO, ANTHONY, , ,

Mailing Address 1627 UNION ST

City
MANCHESTER

State
NH

Zip Code
03104

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
CONCORD HOSPITAL

Occupation (for Individual)
RESPIRATORY THERAPIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

50.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 05 / 2019

Transaction ID : SA11AI.144437

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

250.00

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