

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

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

FOR LINE NUMBER: PAGE 15190 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. **ELWOOD, JUANITA, , ,**

Mailing Address 209 KING ST

City
ITHACA

State
NY

Zip Code
14850

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 ▼

290.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 29 / 2019

Transaction ID : SA11AI.166544

Amount of Each Receipt this Period

42.00

☐ Memo Item

EARMARKED THROUGH WINRED [SA11AI.4247]

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

B. **ELWOOD, PATRICK, , ,**

Mailing Address 5455 BROWNSVILLE RD SE

City
NEWARK

State
OH

Zip Code
43056

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
MID OHIO ONCOLOGY HEMATOLOGY

Occupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 20 / 2019

Transaction ID : SA11AI.166548

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

C. **ELWOOD, PATRICK, , ,**

Mailing Address 5455 BROWNSVILLE RD SE

City
NEWARK

State
OH

Zip Code
43056

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
MID OHIO ONCOLOGY HEMATOLOGY

Occupation (for Individual)
PHYSICIAN

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 / 20 / 2019

Transaction ID : SA11AI.166547

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

242.00

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