

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 17636 OF 60088

☒ 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. FRENTZEL, HERMAN, , ,

Mailing Address 43 CORTE MORADA

City
GREENBRAE

State
CA

Zip Code
94904

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NOT EMPLOYED

Occupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

377.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 31 / 2019

Transaction ID : SA11AI.174418

Amount of Each Receipt this Period

100.00

☐ Memo Item

EARMARKED THROUGH WINRED [SA11AI.4143]

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

B. FRERICKS, MARK, , ,

Mailing Address 8664 KELSO DR

City
MAINEVILLE

State
OH

Zip Code
45039

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NISBET

Occupation (for Individual)
BROWER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 24 / 2019

Transaction ID : SA11AI.174420

Amount of Each Receipt this Period

200.00

☐ Memo Item

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

C. FRESCH, DEBORA, , ,

Mailing Address 113 BUNKER HILL RD

City
LONGVIEW

State
WA

Zip Code
98632

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
KAISER FOUNDATION HEALTH PLAN NW

Occupation (for Individual)
NURSE PRACTITIONER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 12 / 2019

Transaction ID : SA11AI.174423

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

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

350.00