

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 24126 OF 60088

(check only one)

| | | | | | | | | |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <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. HOLMES, CHRIS, , ,

Mailing Address 5705 S 147TH CT

City
OMAHAState
NEZip Code
68137FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
WABTECOccupation (for Individual)
ENGINEER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

| | | |
|-------|-------|-------------|
| M M M | D D D | Y Y Y Y Y Y |
| 09 | 28 | 2019 |

Transaction ID : SA11AI.195307

Amount of Each Receipt this Period

50.00

☐ Memo Item

EARMARKED THROUGH WINRED [SA11AI.4250]

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

B. HOLMES, DEBRA, , ,

Mailing Address 395 SWEET LEAF DRIVE

City
MAYLENEState
ALZip Code
35114FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
CURO HEALTHCAREOccupation (for Individual)
RN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

| | | |
|-------|-------|-------------|
| M M M | D D D | Y Y Y Y Y Y |
| 07 | 18 | 2019 |

Transaction ID : SA11AI.195311

Amount of Each Receipt this Period

40.00

☐ Memo Item

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

C. HOLMES, DEBRA, , ,

Mailing Address 395 SWEET LEAF DRIVE

City
MAYLENEState
ALZip Code
35114FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
CURO HEALTHCAREOccupation (for Individual)
RN

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

320.00

Date of Receipt

| | | |
|-------|-------|-------------|
| M M M | D D D | Y Y Y Y Y Y |
| 08 | 18 | 2019 |

Transaction ID : SA11AI.195310

Amount of Each Receipt this Period

40.00

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

130.00