

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

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

FOR LINE NUMBER: PAGE 36787 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. MOHR, JEFF, , ,**

Mailing Address 1267 HICKORY WOODS DR

City  
LOVELAND

State  
OH

Zip Code  
45140

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
DBS

Occupation (for Individual)  
INSURANCE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 28 / 2019

**Transaction ID : SA11AI.236086**

Amount of Each Receipt this Period

250.00

☐ Memo Item

EARMARKED THROUGH WINRED [SA11AI.4250]

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

**B. MOHR, JEFF, , ,**

Mailing Address 1267 HICKORY WOODS DR

City  
LOVELAND

State  
OH

Zip Code  
45140

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
DBS

Occupation (for Individual)  
INSURANCE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 30 / 2019

**Transaction ID : SA11AI.236084**

Amount of Each Receipt this Period

100.00

☐ Memo Item

EARMARKED THROUGH WINRED [SA11AI.4249]

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

**C. MOHR, JOHN, , ,**

Mailing Address 980 MARTHA LEEVILLE RD

City  
LEBANON

State  
TN

Zip Code  
37090

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
VANDERBILT MEDICAL CENTER

Occupation (for Individual)  
CARDIOVASCULAR SONOGRAPHER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 22 / 2019

**Transaction ID : SA11AI.236089**

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)..... ►

400.00