

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

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

FOR LINE NUMBER: PAGE 38470 OF 60088

(check only one)

☒ 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. NELSON, DAVID, , ,

Mailing Address 9250 MILLS AVE

City
WHITTIER

State
CA

Zip Code
90603

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF-EMPLOYED

Occupation (for Individual)
TRUCK DRIVER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

649.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 14 / 2019

Transaction ID : SA11AI.241521

Amount of Each Receipt this Period

42.00

☐ Memo Item

EARMARKED THROUGH WINRED [SA11AI.4220]

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

B. NELSON, DEBBIE, A, ,

Mailing Address 7284 STATE ROUTE 345 NE

City
NEW LEXINGTON

State
OH

Zip Code
43764

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
INFORMATION REQUESTED PER BEST EFFORTS

Occupation (for Individual)
INFORMATION REQUESTED PER BE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 15 / 2019

Transaction ID : SA11AI.241524

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

C. NELSON, DEBBIE, A, ,

Mailing Address 7284 STATE ROUTE 345 NE

City
NEW LEXINGTON

State
OH

Zip Code
43764

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
INFORMATION REQUESTED PER BEST EFFORTS

Occupation (for Individual)
INFORMATION REQUESTED PER BES

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 13 / 2019

Transaction ID : SA11AI.241523

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

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

102.00