

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 26222 OF 70256

(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. HARRISON, DANIEL, , ,**

Mailing Address 7359 HAVENBROOK DR

City  
SAN ANTONIOState  
TXZip Code  
78227FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

419.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	27	/	2020

**Transaction ID : SA11AI.115502**

Amount of Each Receipt this Period

42.00

☐ Memo Item

EARMARKED THROUGH WINRED [SA11AI.4396]

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

**B. HARRISON, DONNIS, , ,**

Mailing Address 1211 BEACH BLVD

City  
PASCAGOULAState  
MSZip Code  
39567FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
ENTREPRENEUROccupation (for Individual)  
ENTREPRENEUR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.27

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	09	/	2020

**Transaction ID : SA11AI.246505**

Amount of Each Receipt this Period

215.27

☐ Memo Item

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

**C. HARRISON, EARL, R, , JR.**

Mailing Address 13300 RIVER RD

City  
HAVREState  
MTZip Code  
59501FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BEAR PAW RADIOLOGYOccupation (for Individual)  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	31	/	2020

**Transaction ID : SA11AI.246507**

Amount of Each Receipt this Period

250.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional).....▶

507.27

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