

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

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

FOR LINE NUMBER: PAGE 26342 OF 70256

(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. HARTMAN, AMANDA, , ,**

Mailing Address 1267 NW AUSTIN CT

City  
BEND

State  
OR

Zip Code  
97703

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 / 22 / 2020

Transaction ID : SA11AI.181600

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

**B. HARTMAN, BERNARD, , ,**

Mailing Address 108 LARISA LN

City  
ITHACA

State  
NY

Zip Code  
14850

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 ▼

150.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
01 / 21 / 2020

Transaction ID : SA11AI.226304

Amount of Each Receipt this Period

150.00

☐ Memo Item

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

**C. HARTMAN, BERNARD, , ,**

Mailing Address 108 LARISA LN

City  
ITHACA

State  
NY

Zip Code  
14850

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 ▼

400.00

Date of Receipt

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

Transaction ID : SA11AI.226305

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

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

450.00