

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

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

FOR LINE NUMBER: PAGE 30908 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. JENNINGS, WILLIAM, M, ,

Mailing Address 707 ISLETON DR

City  
BRANDON

State  
FL

Zip Code  
33511

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 ▼

250.00

Date of Receipt

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

Transaction ID : SA11AI.248478

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

B. JENNY, BENJAMIN, , ,

Mailing Address 2724 KIPLING STREET

City  
HOUSTON

State  
TX

Zip Code  
77098

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BAYLOR COLLEGE OF MEDICINE

Occupation (for Individual)  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

105.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 04 / 2020

Transaction ID : SA11AI.227296

Amount of Each Receipt this Period

105.00

☐ Memo Item

EARMARKED THROUGH WINRED [SA11AI.4379]

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

C. JENNY, BENJAMIN, , ,

Mailing Address 2724 KIPLING STREET

City  
HOUSTON

State  
TX

Zip Code  
77098

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BAYLOR COLLEGE OF MEDICINE

Occupation (for Individual)  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 11 / 2020

Transaction ID : SA11AI.227297

Amount of Each Receipt this Period

105.00

☐ Memo Item

EARMARKED THROUGH WINRED [SA11AI.4384]

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

460.00

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