

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

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

FOR LINE NUMBER: PAGE 31676 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. JONES, DONNA, SUE, ,

Mailing Address 43 E STATE ROAD 218

City
BERNE

State
IN

Zip Code
46711

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF-EMPLOYED

Occupation (for Individual)
MFR CLINICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

567.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 08 / 2020

Transaction ID : SA11AI.49072

Amount of Each Receipt this Period

50.00

☐ Memo Item

EARMARKED THROUGH WINRED [SA11AI.4381]

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

B. JONES, DONNA, SUE, ,

Mailing Address 43 E STATE ROAD 218

City
BERNE

State
IN

Zip Code
46711

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF-EMPLOYED

Occupation (for Individual)
MFR CLINICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

617.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 10 / 2020

Transaction ID : SA11AI.49073

Amount of Each Receipt this Period

50.00

☐ Memo Item

EARMARKED THROUGH WINRED [SA11AI.4382]

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

C. JONES, DONNA, SUE, ,

Mailing Address 43 E STATE ROAD 218

City
BERNE

State
IN

Zip Code
46711

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF-EMPLOYED

Occupation (for Individual)
MFR CLINICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

667.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 19 / 2020

Transaction ID : SA11AI.49074

Amount of Each Receipt this Period

50.00

☐ Memo Item

EARMARKED THROUGH WINRED [SA11AI.4390]

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

150.00

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