

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

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

FOR LINE NUMBER: PAGE 1061 OF 60088

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 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. **ANDERSON, KARL, , ,**

Mailing Address 1815 SUBURBAN AVE

City
SAINT PAUL

State
MN

Zip Code
55119

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF-EMPLOYED

Occupation (for Individual)
DENTIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1087.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 28 / 2019

Transaction ID : SA11AI.121094

Amount of Each Receipt this Period

100.00

☐ Memo Item

EARMARKED THROUGH WINRED [SA11AI.4250]

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

B. **ANDERSON, KAY, C, ,**

Mailing Address 637 LANE 8 1/2

City
POWELL

State
WY

Zip Code
82435

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
HEART MTN EYECARE

Occupation (for Individual)
DISPENSING OPTICIAN

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
09 / 13 / 2019

Transaction ID : SA11AI.121096

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

C. **ANDERSON, KEITH, , ,**

Mailing Address 3202 NORTHWOOD DRIVE

City
LEWISVILLE

State
TX

Zip Code
75077

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 ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 01 / 2019

Transaction ID : SA11AI.121098

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

700.00

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