

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

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

FOR LINE NUMBER: PAGE 13272 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. **DIEDRICH, ARNOLD, , ,**

Mailing Address 330 POWELL ST

City  
STATEN ISLAND

State  
NY

Zip Code  
10312

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 ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 27 / 2019

Transaction ID : SA11AI.160415

Amount of Each Receipt this Period

100.00

☐ Memo Item

EARMARKED THROUGH WINRED [SA11AI.4246]

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

B. **DIEDRICH, WILLIAM, A, , JR**

Mailing Address 320 LANTERN LN

City  
PLAIN CITY

State  
OH

Zip Code  
43064

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 ▼

1515.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 24 / 2019

Transaction ID : SA11AI.160416

Amount of Each Receipt this Period

505.00

☐ Memo Item

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

C. **DIEFENBACH, BRENT, , ,**

Mailing Address 6907 BRIMSTONE LN

City  
FAIRFAX STATION

State  
VA

Zip Code  
22039

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SAIC

Occupation (for Individual)  
PROGRAM ANALYST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

192.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 13 / 2019

Transaction ID : SA11AI.160418

Amount of Each Receipt this Period

45.00

☐ Memo Item

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

650.00

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