

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

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

FOR LINE NUMBER: PAGE 18007 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. GALITA, DAN, , ,

Mailing Address 9241 HIGHLAND DR

City
BRECKSVILLE

State
OH

Zip Code
44141

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
CCMEO

Occupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 26 / 2019

Transaction ID : SA11AI.175612

Amount of Each Receipt this Period

100.00

☐ Memo Item

EARMARKED THROUGH WINRED [SA11AI.4245]

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

B. GALITA, DAN, , ,

Mailing Address 9241 HIGHLAND DR

City
BRECKSVILLE

State
OH

Zip Code
44141

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
CCMEO

Occupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID : SA11AI.175613

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

C. GALIZIA, FRANK, V, ,

Mailing Address 3235 LINDELL RD

City
LAS VEGAS

State
NV

Zip Code
89146

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 BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

140.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 16 / 2019

Transaction ID : SA11AI.175615

Amount of Each Receipt this Period

90.00

☐ Memo Item

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

290.00

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