

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

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

FOR LINE NUMBER: PAGE 20830 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. GUSTAFSON, JAMES, , ,

Mailing Address 27203 JADE ISLE CT

City  
LEESBURG

State  
FL

Zip Code  
34748

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 ▼

485.20

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 28 / 2019

Transaction ID : SA11AI.184730

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

B. GUSTAFSON, JAMES, , ,

Mailing Address 27203 JADE ISLE CT

City  
LEESBURG

State  
FL

Zip Code  
34748

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 ▼

535.20

Date of Receipt

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

Transaction ID : SA11AI.184729

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

C. GUSTAFSON, JOHN, , ,

Mailing Address 4562 LONDON AVE

City  
ELIZABETHTOWN

State  
PA

Zip Code  
17022

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
DENTAL ASSOCIATES OF HERSHEY

Occupation (for Individual)  
DENTIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

150.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 05 / 2019

Transaction ID : SA11AI.184734

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

150.00

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