

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

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

FOR LINE NUMBER: PAGE 22955 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. HENLEY, DAVID, , ,**

Mailing Address 21 BEECHWOOD BLVD

 City  
 FEASTERVILLE TREVOSSE

 State  
 PA

 Zip Code  
 19053

 FEC ID number of contributing  
 federal political committee.

C

 Name of Employer (for Individual)  
 NOT EMPLOYED

 Occupation (for Individual)  
 NOT EMPLOYED

Receipt For:

☐ Primary   ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

422.50

Date of Receipt

 M M M / D D D / Y Y Y Y Y Y  
 09 / 27 / 2019
**Transaction ID : SA11AI.191571**

Amount of Each Receipt this Period

50.00

☐ Memo Item

EARMARKED THROUGH WINRED [SA11AI.4248]

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

**B. HENLEY, DOROTHY, DIANE, ,**

Mailing Address 13783 HEATHFORD DR

 City  
 JACKSONVILLE

 State  
 FL

 Zip Code  
 32224

 FEC ID number of contributing  
 federal political committee.

C

 Name of Employer (for Individual)  
 MAYO CLINIC

 Occupation (for Individual)  
 TELEPHONE OPERATOR

Receipt For:

☐ Primary   ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

 M M M / D D D / Y Y Y Y Y Y  
 07 / 02 / 2019
**Transaction ID : SA11AI.191575**

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

**C. HENLEY, DOROTHY, DIANE, ,**

Mailing Address 13783 HEATHFORD DR

 City  
 JACKSONVILLE

 State  
 FL

 Zip Code  
 32224

 FEC ID number of contributing  
 federal political committee.

C

 Name of Employer (for Individual)  
 MAYO CLINIC

 Occupation (for Individual)  
 TELEPHONE OPERATOR

Receipt For:

☐ Primary   ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

 M M M / D D D / Y Y Y Y Y Y  
 09 / 26 / 2019
**Transaction ID : SA11AI.191574**

Amount of Each Receipt this Period

50.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

200.00