

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

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

FOR LINE NUMBER: PAGE 25277 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. HWANG, STEVE, , ,**

Mailing Address 11511 VISTA MAR

City  
SANTA ANAState  
CAZip Code  
92705FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary   ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

679.00

Date of Receipt

 M M / D D / Y Y Y Y Y Y  
 09 / 10 / 2019

Transaction ID : SA11AI.199032

Amount of Each Receipt this Period

35.00

☐ Memo Item

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

**B. HWANG, STEVE, , ,**

Mailing Address 11511 VISTA MAR

City  
SANTA ANAState  
CAZip Code  
92705FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary   ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

714.00

Date of Receipt

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

Transaction ID : SA11AI.199033

Amount of Each Receipt this Period

35.00

☐ Memo Item

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

**C. HYATT, BARBARA, , ,**

Mailing Address 18 WHITETAIL DR

City  
CHADDS FORDState  
PAZip Code  
19317FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF-EMPLOYEDOccupation (for Individual)  
PSYCH CLINICAL NURSE SPECIALIST

Receipt For:

☐ Primary   ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

185.00

Date of Receipt

 M M / D D / Y Y Y Y Y Y  
 07 / 18 / 2019

Transaction ID : SA11AI.199041

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

120.00

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