

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

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

FOR LINE NUMBER: PAGE 32900 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. MALONE, JAMES, , ,

Mailing Address 403 HIGHLAND AVENUE

City  
WADSWORTH

State  
OH

Zip Code  
44281

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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 30 / 2019

Transaction ID : SA11AI.223602

Amount of Each Receipt this Period

250.00

☐ Memo Item

EARMARKED THROUGH WINRED [SA11AI.4249]

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

B. MALONE, JOHN, , ,

Mailing Address 440 SOUTH BEACH ROAD

City  
HOBE SOUND

State  
FL

Zip Code  
80107

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
LIBERTY MEDIA

Occupation (for Individual)  
EXECUTIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 30 / 2019

Transaction ID : SA11AI.223605

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

C. MALONE, JOHN, , ,

Mailing Address 440 SOUTH BEACH ROAD

City  
HOBE SOUND

State  
FL

Zip Code  
80107

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
LIBERTY MEDIA

Occupation (for Individual)  
EXECUTIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 30 / 2019

Transaction ID : SA11AI.223603

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

2250.00

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