

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

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

FOR LINE NUMBER:  
(check only one)

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☒ 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. RIDGE, GERALD, , ,**

Mailing Address 19 SUMMIT AVE

City  
BRONXVILLE

State  
NY

Zip Code  
10708

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NYP

Occupation (for Individual)  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

**Transaction ID : SA11AI.262289**

Amount of Each Receipt this Period

500.00

☐ Memo Item

EARMARKED THROUGH WINRED [SA11AI.4251]

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

**B. RIDGE, JAMES, , ,**

Mailing Address PO BOX 272525

City  
BOCA RATON

State  
FL

Zip Code  
33427

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  
09 / 25 / 2019

**Transaction ID : SA11AI.262290**

Amount of Each Receipt this Period

50.00

☐ Memo Item

EARMARKED THROUGH WINRED [SA11AI.4234]

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

**C. RIDGE, JENNIFER, , ,**

Mailing Address 1 GARDNER PL

City  
MIDDLETOWN

State  
OH

Zip Code  
45042

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF-EMPLOYED

Occupation (for Individual)  
DERMATOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

855.00

Date of Receipt

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

**Transaction ID : SA11AI.262291**

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

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

800.00