

# **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. BESTGEN, COLLEEN, , ,**

Mailing Address 1130 KENTUCKY ST

City  
GREEN RIVER

State  
WY

Zip Code  
82935

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 ▼

505.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 22 / 2019

Transaction ID : SA11AI.85305

Amount of Each Receipt this Period

42.00

☐ Memo Item

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

**B. BETER, DEIDRHE, , ,**

Mailing Address 23030 PRISCILLA LN

City  
DENHAM SPRINGS

State  
LA

Zip Code  
70726

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
OUR LADY OF THE LAKE REGIONAL MEDICAL

Occupation (for Individual)  
REGISTERED NURSE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 14 / 2019

Transaction ID : SA11AI.44159

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

**C. BETER, DEIDRHE, , ,**

Mailing Address 23030 PRISCILLA LN

City  
DENHAM SPRINGS

State  
LA

Zip Code  
70726

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
OUR LADY OF THE LAKE REGIONAL MEDICAL

Occupation (for Individual)  
REGISTERED NURSE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 14 / 2019

Transaction ID : SA11AI.44161

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)..... ►

142.00