

# **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)

PAGE 8572 OF 40507

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**TRUMP MAKE AMERICA GREAT AGAIN COMMITTEE**

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

**A. DE LORENZO, CAROL, A., MRS.,**

Mailing Address 1441 FIELDCREST CT

City  
CINCINNATI

State  
OH

Zip Code  
45231

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 ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 27 / 2019

Transaction ID : SA11AI.116211

Amount of Each Receipt this Period

200.00

☐ Memo Item

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

**B. DELOSIER, MIKE, , ,**

Mailing Address 2811 N 3RD ST

City  
MINNEAPOLIS

State  
MN

Zip Code  
55411

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
STATE OF MINNESOTA

Occupation (for Individual)  
IT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

432.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 23 / 2019

Transaction ID : SA11AI.132568

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

**C. DELOSIER, MIKE, , ,**

Mailing Address 2811 N 3RD ST

City  
MINNEAPOLIS

State  
MN

Zip Code  
55411

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
STATE OF MINNESOTA

Occupation (for Individual)  
IT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

532.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 28 / 2019

Transaction ID : SA11AI.132569

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

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

400.00