

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

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

FOR LINE NUMBER: PAGE 25584 OF 40507

(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. MURDOCK, SUSAN, , ,

Mailing Address 7874 DENNLER LN

City  
CINCINNATI

State  
OH

Zip Code  
45247

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
MURDOCK ORTHODONTICS

Occupation (for Individual)  
BUSINESS MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 09 / 2019

Transaction ID : SA11AI.37737

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

B. MURDOCK, SUSAN, , ,

Mailing Address 7874 DENNLER LN

City  
CINCINNATI

State  
OH

Zip Code  
45247

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
MURDOCK ORTHODONTICS

Occupation (for Individual)  
BUSINESS MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 09 / 2019

Transaction ID : SA11AI.37738

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

C. MURDOCK, SUSAN, , ,

Mailing Address 7874 DENNLER LN

City  
CINCINNATI

State  
OH

Zip Code  
45247

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
MURDOCK ORTHODONTICS

Occupation (for Individual)  
BUSINESS MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 09 / 2019

Transaction ID : SA11AI.37739

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).....▶

300.00