

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

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

FOR LINE NUMBER: PAGE 30107 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. REYNOLDS, LARRY, , ,

Mailing Address 1028 WINDY ACRES DR

City  
MONETA

State  
VA

Zip Code  
24121

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
CLAYTON HOMES

Occupation (for Individual)  
SALES REP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

372.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 05 / 2019

Transaction ID : SA11AI.163344

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

B. REYNOLDS, MARY, F, MS.,

Mailing Address 1027 BLUEBONNET TER

City  
INVERNESS

State  
FL

Zip Code  
34452

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
INFORMATION REQUESTED

Occupation (for Individual)  
INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID : SA11AI.97775

Amount of Each Receipt this Period

150.00

☐ Memo Item

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

C. REYNOLDS, MARY, F, MS.,

Mailing Address 1027 BLUEBONNET TER

City  
INVERNESS

State  
FL

Zip Code  
34452

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
INFORMATION REQUESTED

Occupation (for Individual)  
INFORMATION REQUESTED

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  
06 / 25 / 2019

Transaction ID : SA11AI.97774

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

270.00

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