

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

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

FOR LINE NUMBER: PAGE 36427 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. **TRAN, PETER, , ,**Mailing Address **PO BOX 720497**

City
HOUSTON

State
TX

Zip Code
77272

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
DIANE TRAN INSURANCE AGENCY

Occupation (for Individual)
INSURANCE AGENT

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 / 06 / 2019

Transaction ID : **SA11AI.121083**

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

B. **TRAN, PETER, , ,**Mailing Address **PO BOX 720497**

City
HOUSTON

State
TX

Zip Code
77272

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
DIANE TRAN INSURANCE AGENCY

Occupation (for Individual)
INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 10 / 2019

Transaction ID : **SA11AI.121082**

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

C. **TRAN, PETER, , ,**Mailing Address **PO BOX 720497**

City
HOUSTON

State
TX

Zip Code
77272

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
DIANE TRAN INSURANCE AGENCY

Occupation (for Individual)
INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

492.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 01 / 2019

Transaction ID : **SA11AI.121088**

Amount of Each Receipt this Period

42.00

☐ Memo Item

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

192.00

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