

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

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

FOR LINE NUMBER: PAGE 3875 OF 15857

(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. EGGE, VERNON, , ,**

Mailing Address 90387 EGGE ROAD

City  
EUGENE

State  
OR

Zip Code  
97408

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
ENTREPRENEUR

Occupation (for Individual)  
ENTREPRENEUR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 13 / 2019

Transaction ID : SA11AI.58383

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

**B. EHLERS, JAMES, , ,**

Mailing Address 601 EAGLE HOLLOW LN

City  
LEAGUE CITY

State  
TX

Zip Code  
77573-6484

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
MED CARE HEALTH OPTIONS INC

Occupation (for Individual)  
ADMINISTRATOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 / 10 / 2019

Transaction ID : SA11AI.21859

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

**C. EHLERS, JAMES, , ,**

Mailing Address 601 EAGLE HOLLOW LN

City  
LEAGUE CITY

State  
TX

Zip Code  
77573-6484

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
MED CARE HEALTH OPTIONS INC

Occupation (for Individual)  
ADMINISTRATOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 10 / 2019

Transaction ID : SA11AI.40736

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)..... ►

1200.00