

# **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 6272 OF 15857

☒ 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. HOFFMANN, DENNIS, , ,**

Mailing Address 2628 SKINNER RD

City  
BELGRADE

State  
MT

Zip Code  
59714-7141

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 ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 28 / 2019

Transaction ID : SA11AI.50182

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

**B. HOFFMANN, PAUL, , MR.,**

Mailing Address 69 CARLEON AVENUE

City  
LARCHMONT

State  
NY

Zip Code  
10538

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HOFFMAN INVESTING CORP.

Occupation (for Individual)  
REAL ESTATE

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  
03 / 13 / 2019

Transaction ID : SA11AI.58879

Amount of Each Receipt this Period

300.00

☐ Memo Item

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

**C. HOFKIN, CONSTANCE, , ,**

Mailing Address 4100 GALT OCEAN DR  
APT 1101

City  
FORT LAUDERDALE

State  
FL

Zip Code  
33308-6029

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 ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 / 09 / 2019

Transaction ID : SA11AI.22503

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)..... ►

500.00