

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

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

FOR LINE NUMBER: PAGE 7853 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. LANDERS, WILLIAM, , ,

Mailing Address 10 INVRNS CTR PKWY
STE 400

City
BIRMINGHAM

State
AL

Zip Code
35242-4818

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
J SMITH LANIER

Occupation (for Individual)
INSURANCE

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 / 20 / 2019

Transaction ID : SA11AI.54596

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

B. LANDES, FRED, , ,

Mailing Address 12771 382ND AVE

City
ABERDEEN

State
SD

Zip Code
57401-8321

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SANFORD HEALTH

Occupation (for Individual)
PHYSICIAN

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 / 17 / 2019

Transaction ID : SA11AI.18161

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

C. LANDES, FRED, , ,

Mailing Address 12771 382ND AVE

City
ABERDEEN

State
SD

Zip Code
57401-8321

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SANFORD HEALTH

Occupation (for Individual)
PHYSICIAN

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 / 17 / 2019

Transaction ID : SA11AI.35992

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