

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

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

FOR LINE NUMBER: PAGE 8110 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. LEIFHEIT, RYAN, , ,

Mailing Address 2117 N 64TH ST

City
QUINCY

State
IL

Zip Code
62305-8821

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
QUINCY ANESTHESIA ASSOCIATES

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 / 03 / 2019

Transaction ID : SA11AI.26698

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

B. LEIFHEIT, RYAN, , ,

Mailing Address 2117 N 64TH ST

City
QUINCY

State
IL

Zip Code
62305-8821

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
QUINCY ANESTHESIA ASSOCIATES

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 / 03 / 2019

Transaction ID : SA11AI.45204

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

C. LEIFHEIT, RYAN, , ,

Mailing Address 2117 N 64TH ST

City
QUINCY

State
IL

Zip Code
62305-8821

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
QUINCY ANESTHESIA ASSOCIATES

Occupation (for Individual)
PHYSICIAN

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 / 03 / 2019

Transaction ID : SA11AI.63224

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