

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 36162 OF 70256

☒ 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. LEE, JONG, , ,

Mailing Address 3110 LEWIS PL

City
FALLS CHURCH

State
VA

Zip Code
22042

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

AGAPE HEALTH CARE MANAGEMENR

Occupation (for Individual)

EMPLOYEE

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
02 / 22 / 2020

Transaction ID : SA11AI.184276

Amount of Each Receipt this Period

100.00

☐ Memo Item

EARMARKED THROUGH WINRED [SA11AI.4370]

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

B. LEE, JONG, , ,

Mailing Address 3110 LEWIS PL

City
FALLS CHURCH

State
VA

Zip Code
22042

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

AGAPE HEALTH CARE MANAGEMENR

Occupation (for Individual)

EMPLOYEE

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 / 28 / 2020

Transaction ID : SA11AI.184277

Amount of Each Receipt this Period

100.00

☐ Memo Item

EARMARKED THROUGH WINRED [SA11AI.4375]

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

C. LEE, JONG, , ,

Mailing Address 3110 LEWIS PL

City
FALLS CHURCH

State
VA

Zip Code
22042

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

AGAPE HEALTH CARE MANAGEMENR

Occupation (for Individual)

EMPLOYEE

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 / 22 / 2020

Transaction ID : SA11AI.184278

Amount of Each Receipt this Period

100.00

☐ Memo Item

EARMARKED THROUGH WINRED [SA11AI.4391]

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

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

300.00