

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

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

FOR LINE NUMBER: PAGE 46516 OF 70256

(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. OBRIEN, J, MICHAEL, ,

Mailing Address 3004 W TURNER ST

City
ALLENTOWN

State
PA

Zip Code
18104

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 / 31 / 2020

Transaction ID : SA11AI.230496

Amount of Each Receipt this Period

100.00

☐ Memo Item

EARMARKED THROUGH WINRED [SA11AI.4355]

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

B. OBRIEN, J, MICHAEL, ,

Mailing Address 3004 W TURNER ST

City
ALLENTOWN

State
PA

Zip Code
18104

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 ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 27 / 2020

Transaction ID : SA11AI.230497

Amount of Each Receipt this Period

200.00

☐ Memo Item

EARMARKED THROUGH WINRED [SA11AI.4375]

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

C. OBRIEN, JAMES, , ,

Mailing Address 325 OLD BILLERICA RD

City
BEDFORD

State
MA

Zip Code
01730

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
PROHEALTH PHYSICIANS

Occupation (for Individual)
PHYSUCIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

35.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 15 / 2020

Transaction ID : SA11AI.103646

Amount of Each Receipt this Period

35.00

☐ Memo Item

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

335.00

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