

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

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

FOR LINE NUMBER: PAGE 8405 OF 60088

(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. CASEY, MAUREEN, , ,

Mailing Address W9279 RIPLEY RD

City  
CAMBRIDGE

State  
WI

Zip Code  
53523

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
CFM

Occupation (for Individual)  
OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

175.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 25 / 2019

Transaction ID : SA11AI.144658

Amount of Each Receipt this Period

35.00

☐ Memo Item

EARMARKED THROUGH WINRED [SA11AI.4234]

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

B. CASEY, MAUREEN, , ,

Mailing Address W9279 RIPLEY RD

City  
CAMBRIDGE

State  
WI

Zip Code  
53523

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
CFM

Occupation (for Individual)  
OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 30 / 2019

Transaction ID : SA11AI.144657

Amount of Each Receipt this Period

30.00

☐ Memo Item

EARMARKED THROUGH WINRED [SA11AI.4249]

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

C. CASEY, PAMELA, , ,

Mailing Address 10 WILLOWCREST DR

City  
OAK BROOK

State  
IL

Zip Code  
60523

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF-EMPLOYED

Occupation (for Individual)  
EXECUTIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

634.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 26 / 2019

Transaction ID : SA11AI.144662

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

115.00

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