

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

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

FOR LINE NUMBER: PAGE 49597 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. SKEHAN, THOMAS, F, ,

Mailing Address 933 STREAM VIEW LN

City  
YORK

State  
PA

Zip Code  
17403

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 ▼

700.00

Date of Receipt

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

Transaction ID : SA11AI.277222

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

B. SKELLY, DAVID, W, ,

Mailing Address 870 S SIERRA AVE

City

SOLANA BEACH

State

CA

Zip Code

92075

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
GSO SOILS INC

Occupation (for Individual)  
ENGINEER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID : SA11AI.277226

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

C. SKELSON, LAWRENCE, , ,

Mailing Address 20109 HERON CROSSING DR

City

TAMPA

State

FL

Zip Code

33647

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
MOFFITT CANCER CENTER

Occupation (for Individual)  
PHYSICIAN ASSISTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

164.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 01 / 2019

Transaction ID : SA11AI.277228

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

625.00

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