

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

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

FOR LINE NUMBER: PAGE 23899 OF 40507

(check only one)

☒ 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. MEEKS, SHANNON, , MS.,

Mailing Address PO BOX 913

City
MOUNTAIN VIEW

State
WY

Zip Code
82939

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
ALLIANCE CASE MANAGEMENT

Occupation (for Individual)
REGISTERED NURSE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 31 / 2019

Transaction ID : SA11AI.93165

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

B. MEEKS, SHANNON, , MS.,

Mailing Address PO BOX 913

City
MOUNTAIN VIEW

State
WY

Zip Code
82939

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
ALLIANCE CASE MANAGEMENT

Occupation (for Individual)
REGISTERED NURSE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 24 / 2019

Transaction ID : SA11AI.93166

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

C. MEERKOV, SEMYON, , ,

Mailing Address 1421 CRAWFORD LN

City
ANN ARBOR

State
MI

Zip Code
48105

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
UNIV OF MICHIGAN

Occupation (for Individual)
PROFESSOR

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
04 / 01 / 2019

Transaction ID : SA11AI.100998

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

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

250.00