

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 27789 OF 40507

(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. PEARCE, PATRICIA, , ,
 Mailing Address 5912 SAINT CHARLES AVE
 APT P

 City
 NEW ORLEANS

 State
 LA

 Zip Code
 70115-5058

 FEC ID number of contributing
 federal political committee.

C

 Name of Employer (for Individual)
 LOYOLA UNIVERSITY NEW ORLEANS

 Occupation (for Individual)
 PROFESSOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

492.00

Date of Receipt

 M M / D D / Y Y Y Y Y Y
 05 / 01 / 2019
Transaction ID : SA11AI.10821

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

B. PEARCE, STEVEN, R, MR.,

Mailing Address 111 BUCHANAN DRIVE

 City
 YORK

 State
 PA

 Zip Code
 17402

 FEC ID number of contributing
 federal political committee.

C

 Name of Employer (for Individual)
 ANESTH ASSOC OF YORK

 Occupation (for Individual)
 PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

 M M / D D / Y Y Y Y Y Y
 05 / 07 / 2019
Transaction ID : SA11AI.12999

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

C. PEARCE, WILLIAM, E, MR.,

Mailing Address 78 1/2 CANAAN ST

 City
 CARBONDALE

 State
 PA

 Zip Code
 18407-1743

 FEC ID number of contributing
 federal political committee.

C

 Name of Employer (for Individual)
 INFORMATION REQUESTED

 Occupation (for Individual)
 INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

145.00

Date of Receipt

 M M / D D / Y Y Y Y Y Y
 04 / 04 / 2019
Transaction ID : SA11AI.15635

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

650.00

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