

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

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

FOR LINE NUMBER: PAGE 2501 OF 15857

(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. CLARK, JERRY, , ,

Mailing Address 4406 CHEYENNE COURT

City
WINSTON SALEM

State
NC

Zip Code
27106

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
WAKE FOREST HEALTH SYSTEM

Occupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 18 / 2019

Transaction ID : SA11AI.16053

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

B. CLARK, KENNETH, , ,

Mailing Address PO BOX 2086

City
FOLEY

State
AL

Zip Code
36536

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SUPERIOR COLLISION INC. OWNEWR

Occupation (for Individual)
OWNER

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 / 08 / 2019

Transaction ID : SA11AI.24852

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

C. CLARK, KENNETH, , ,

Mailing Address PO BOX 2086

City
FOLEY

State
AL

Zip Code
36536

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SUPERIOR COLLISION INC. OWNEWR

Occupation (for Individual)
OWNER

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
01 / 14 / 2019

Transaction ID : SA11AI.20589

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

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

450.00