

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

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

FOR LINE NUMBER: PAGE 7062 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. JUDSON, ROBERT, , ,

Mailing Address 3 TURTLE GROVE LANE

City
VILLAGE OF GOLF

State
FL

Zip Code
33436

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
KC FUNDING LLC

Occupation (for Individual)
SCHOOL OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 30 / 2019

Transaction ID : SA11AI.49177

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

B. JUERGENS, EUGENE, M., MR.,

Mailing Address 515 W MAIN STREET

City
BRIGHTON

State
MI

Zip Code
48116

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
ENTREPRENEUR

Occupation (for Individual)
ENTREPRENEUR

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
03 / 04 / 2019

Transaction ID : SA11AI.62646

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

C. JUHNKE, RICHARD, , ,

Mailing Address 9100 R DR S

City
BURLINGTON

State
MI

Zip Code
49029-9713

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF-EMPLOYED

Occupation (for Individual)
GENERAL DENTIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

50.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 09 / 2019

Transaction ID : SA11AI.22877

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)..... ►

400.00