

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

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

FOR LINE NUMBER: PAGE 7227 OF 15857

(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. KELLERMAN, MICHAEL, , ,

Mailing Address 2227 DUNNS RIDGE TRAIL

City

NEW RICHMOND

State

OH

Zip Code

45157

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 ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2019

Transaction ID : SA11AI.28810

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

B. KELLEY, CHRISTINE, , ,

Mailing Address 7617 160TH LN N

City

WEST PALM BEACH

State

FL

Zip Code

33418-7446

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

FEINSTEIN DERMATOLOGY

Occupation (for Individual)

BILLING SPECIALIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
01 / 15 / 2019

Transaction ID : SA11AI.19455

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

C. KELLEY, CHRISTINE, , ,

Mailing Address 7617 160TH LN N

City

WEST PALM BEACH

State

FL

Zip Code

33418-7446

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

FEINSTEIN DERMATOLOGY

Occupation (for Individual)

BILLING SPECIALIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 15 / 2019

Transaction ID : SA11AI.37430

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).....▶

300.00