

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 58979 OF 70256

☒ 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. SOLOMON, SCOTT, , ,**

Mailing Address 19 STEEPLEJACK CT

City  
OWINGS MILLS

State  
MD

Zip Code  
21117

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
WELLNESS ENTERPRISES LLC

Occupation (for Individual)  
CONSULTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

597.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 23 / 2020

**Transaction ID : SA11AI.27322**

Amount of Each Receipt this Period

42.00

☐ Memo Item

EARMARKED THROUGH WINRED [SA11AI.4370]

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

**B. SOLOMON, SCOTT, , ,**

Mailing Address 19 STEEPLEJACK CT

City  
OWINGS MILLS

State  
MD

Zip Code  
21117

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
WELLNESS ENTERPRISES LLC

Occupation (for Individual)  
CONSULTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

639.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 27 / 2020

**Transaction ID : SA11AI.27329**

Amount of Each Receipt this Period

42.00

☐ Memo Item

EARMARKED THROUGH WINRED [SA11AI.4374]

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

**C. SOLOMON, SCOTT, , ,**

Mailing Address 19 STEEPLEJACK CT

City  
OWINGS MILLS

State  
MD

Zip Code  
21117

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
WELLNESS ENTERPRISES LLC

Occupation (for Individual)  
CONSULTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

684.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 28 / 2020

**Transaction ID : SA11AI.27323**

Amount of Each Receipt this Period

45.00

☐ Memo Item

EARMARKED THROUGH WINRED [SA11AI.4375]

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

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

129.00