

# **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 58982 OF 70256

☒ 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. 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 ▼

1035.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 15 / 2020

**Transaction ID : SA11AI.27334**

Amount of Each Receipt this Period

100.00

☐ Memo Item

EARMARKED THROUGH WINRED [SA11AI.4386]

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 ▼

1077.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 18 / 2020

**Transaction ID : SA11AI.27335**

Amount of Each Receipt this Period

42.00

☐ Memo Item

EARMARKED THROUGH WINRED [SA11AI.4388]

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 ▼

1119.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 23 / 2020

**Transaction ID : SA11AI.27336**

Amount of Each Receipt this Period

42.00

☐ Memo Item

EARMARKED THROUGH WINRED [SA11AI.4391]

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

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

184.00