

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

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

FOR LINE NUMBER: PAGE 50511 OF 60088

(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. 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 ▼

3670.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 17 / 2019

Transaction ID : SA11AI.280141

Amount of Each Receipt this Period

42.00

☐ Memo Item

EARMARKED THROUGH WINRED [SA11AI.4224]

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 ▼

3712.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 19 / 2019

Transaction ID : SA11AI.280139

Amount of Each Receipt this Period

42.00

☐ Memo Item

EARMARKED THROUGH WINRED [SA11AI.4226]

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 ▼

3812.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 22 / 2019

Transaction ID : SA11AI.280148

Amount of Each Receipt this Period

100.00

☐ Memo Item

EARMARKED THROUGH WINRED [SA11AI.4232]

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

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

184.00