

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

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

FOR LINE NUMBER: PAGE 13353 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. SOLOMON, SCOTT, , ,

Mailing Address 19 STEEPLEJACK CT

City
OWINGS MILLS

State
MD

Zip Code
21117-5205

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 ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
01 / 24 / 2019

Transaction ID : SA11AI.10419

Amount of Each Receipt this Period

100.00

☐ Memo Item

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
21117-5205

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 ▼

650.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
01 / 30 / 2019

Transaction ID : SA11AI.7065

Amount of Each Receipt this Period

150.00

☐ Memo Item

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
21117-5205

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 ▼

750.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 01 / 2019

Transaction ID : SA11AI.46943

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

350.00

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