

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

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

FOR LINE NUMBER: PAGE 13354 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 ▼

850.00

Date of Receipt

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

Transaction ID : SA11AI.46447

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 ▼

950.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 04 / 2019

Transaction ID : SA11AI.44343

Amount of Each Receipt this Period

100.00

☐ 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 ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 04 / 2019

Transaction ID : SA11AI.44800

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

300.00

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