

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)

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☒ 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 ▼

1400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 08 / 2019

Transaction ID : SA11AI.60860

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 ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 08 / 2019

Transaction ID : SA11AI.61076

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 ▼

1600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 12 / 2019

Transaction ID : SA11AI.58964

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

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

300.00