24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
The Committee To Defend The President	
	C C00544767
	M = M / D = D / Y = Y = Y
Check if 24-hour report 48-hour report New report Amends report filed	
Full Name of Payee CAMPAIGN HQ	Date of Public Distribution/Dissemination
CAMPAIGN FQ	07 05 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address PO BOX 257	Amount
City State Zip Code	25000.00
BROOKLYN IA 52211	Transaction ID : SE24.102145 Date of Disbursement or Obligation
Purpose of Expenditure PHONE VOTER CONTACT Category/ Type	07
Name of Federal Candidate Support Office	e Sought: House District:
TRUMP, DONALD, J, ,	
Calendar Year-To-Date Per Election for Office Sought 1462962.09 Disbut 2020	orsement For: Primary ★ General Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
	M = M / D = D / Y = Y = Y
Mailing Address	
	Amount
City State Zip Code	
Sinte Lip code	
Day of San State	Date of Disbursement or Obligation
Purpose of Expenditure Category/	M = M / D = D / Y = Y = Y
Type	
Name of Federal Candidate Support Office	e Sought: House District:
Oppose	President Senate State:
Calendar Year-To-Date Disbi	ursement For: Primary General
Per Election for Office Sought	Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	25000.00
(a) SST TILE OF NOTINE OF INCOME.	23000.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(-,	45 1 45 1 45
(c) TOTAL Independent Expenditures	25000.00
	25000.00
Under penalty of perjury I certify that the independent expenditures reported herein were not may with our at the request or suggestion of any condidate or authorized committee or agent of either	
with, or at the request or suggestion of, any candidate or authorized committee or agent of eithe party committee) any political party committee or its agent.	n, or the reporting entity is not a political
Backer, Dan, , , [Electronically Filed] Data	M / D D / Y Y Y Y Y
Signature Date	07 06 2017