

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines.

12FE4M5

THE COMMITTEE TO DEFEAT THE PRESIDENT

ADDRESS (number and street)

441 N LEE ST

STE 205

Check if different than previously reported. (ACC)

ALEXANDRIA

VA

22314-2301

2. FEC IDENTIFICATION NUMBER

CITY

STATE

ZIP CODE

C C00544767

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
July 15 Quarterly Report (Q2)
October 15 Quarterly Report (Q3)
January 31 Year-End Report (YE)
July 31 Mid-Year Report (Non-election Year Only) (MY)
Termination Report (TER)

(b) Monthly Report Due On:

- Feb 20 (M2)
Mar 20 (M3)
Apr 20 (M4)
May 20 (M5)
Jun 20 (M6)
Jul 20 (M7)
Aug 20 (M8)
Sep 20 (M9)
Oct 20 (M10)
Nov 20 (M11) (Non-Election Year Only)
Dec 20 (M12) (Non-Election Year Only)
Jan 31 (YE)

(c) 12-Day PRE-Election Report for the:

- Primary (12P)
General (12G)
Runoff (12R)
Convention (12C)
Special (12S)

Election on MM/DD/YYYY in the State of

(d) 30-Day POST-Election Report for the:

- General (30G)
Runoff (30R)
Special (30S)

Election on MM/DD/YYYY in the State of

5. Covering Period

01 / 01 / 2024

through

03 / 31 / 2024

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer HARVEY, TED, , ,

Signature of Treasurer HARVEY, TED, , ,

Date

07 / 25 / 2024

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office Use Only

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

THE COMMITTEE TO DEFEAT THE PRESIDENT

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2024"/>		<input type="text" value="16736.60"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="16736.60"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="28884.42"/>	<input type="text" value="28884.42"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="45621.02"/>	<input type="text" value="45621.02"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="42461.56"/>	<input type="text" value="42461.56"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="3159.46"/>	<input type="text" value="3159.46"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information, contact the Federal Election Commission at 800-424-9530 or visit www.fec.gov

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

THE COMMITTEE TO DEFEAT THE PRESIDENT

Report Covering the Period: From: 01 / 01 / 2024 To: 03 / 31 / 2024

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	4675.00	4675.00
(ii) Unitemized	23250.00	23250.00
(iii) TOTAL (add Lines 11(a)(i) and (ii).....▶	27925.00	27925.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	27925.00	27925.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	152.42	152.42
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	807.00	807.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	28884.42	28884.42
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	28884.42	28884.42

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	28981.85	28981.85
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	28981.85	28981.85
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	11995.71	11995.71
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	1040.00	1040.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	1040.00	1040.00
29. Other Disbursements (Including Non-Federal Donations).....	444.00	444.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	42461.56	42461.56
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	42461.56	42461.56

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	27925.00	27925.00
34. Total Contribution Refunds (from Line 28(d))	1040.00	1040.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	26885.00	26885.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	28981.85	28981.85
37. Offsets to Operating Expenditures (from Line 15, page 3).....	152.42	152.42
38. Net Operating Expenditures (subtract Line 37 from Line 36)	28829.43	28829.43

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`-H9A-N5HCB

Form/Schedule: F3XA
Transaction ID :

THIS REPORT IS BEING AMENDED TO CORRECT THE DISBURSEMENT DATE ON TWO SCHEDULE E ITEMS: EBB177192D5134C8C88B AND EF2BA2E52C7E546F6AA1. A FORM 99 HAS ALSO BEEN FILED. THIS REPORT CONTAINS A ONE-TIME AUDIT ADJUSTMENT IN ORDER TO BALANCE THE REPORT CASH ON HAND TO THE BANK BALANCE. THE DISCREPANCY OCCURRED PRIOR TO 2020 AND APPEARS TO DATE BACK TO THE 2015-2016 ELECTION CYCLE. IT LIKELY RESULTS FROM HIGH VOLUME, SMALL DOLLAR DONATIONS IMPORTED INTO THE REPORTING SOFTWARE AS ALL LARGE DOLLAR CONTRIBUTIONS AND EXPENSES HAVE BEEN VERIFIED. THE COMMITTEE DOES NOT HAVE THE RESOURCES TO DO ANY FURTHER INVESTIGATION AND IS PREPARING TO TRANSITION REPORTING TO FEC FILE, WHICH WILL LIMIT THE COMMITTEE'S ABILITY TO EXPORT ANY FURTHER INFORMATION.

Form/Schedule:
Transaction ID:

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)	PAGE 7 OF 45
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 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)
THE COMMITTEE TO DEFEAT THE PRESIDENT

A. AVERY, IVA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 121 HANSFORD RD
 City BURNET State TX Zip Code 78611
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 27 / 2024
Transaction ID : AD1281A198E194263B97
 Amount of Each Receipt this Period
 100.00
 Memo Item

B. BATES, THOMAS, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2661 VA BEACH BLVD
 City VIRGINIA BEACH State VA Zip Code 23452
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RK CHEVY Occupation (for Individual) AUTOMOBILE DEALER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 27 / 2024
Transaction ID : A6E5A8252FE8C464AA17
 Amount of Each Receipt this Period
 100.00
 Memo Item

C. BATES, THOMAS, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2661 VA BEACH BLVD
 City VIRGINIA BEACH State VA Zip Code 23452
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RK CHEVY Occupation (for Individual) AUTOMOBILE DEALER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 27 / 2024
Transaction ID : A255575DE27BF4599B31
 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).....	

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)	PAGE 8 OF 45
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
THE COMMITTEE TO DEFEAT THE PRESIDENT

A. BATES, THOMAS, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2661 VA BEACH BLVD
 City VIRGINIA BEACH State VA Zip Code 23452
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RK CHEVY Occupation (for Individual) AUTOMOBILE DEALER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 03 / 27 / 2024
Transaction ID : A2E1365C0BB844A2DBF4
 Amount of Each Receipt this Period 100.00
 Memo Item

B. CHRISTOPHER, DANIEL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3587 BOSTON ST
 City DENVER State CO Zip Code 80238
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 255.00

Date of Receipt 03 / 03 / 2024
Transaction ID : AAC8DAD9147E140A392C
 Amount of Each Receipt this Period 35.00
 Memo Item

C. CHRISTOPHER, DANIEL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3587 BOSTON ST
 City DENVER State CO Zip Code 80238
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 255.00

Date of Receipt 03 / 03 / 2024
Transaction ID : AE3316A285C854E8EAEA
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	185.00
TOTAL This Period (last page this line number only).....	

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)	PAGE 9 OF 45
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
THE COMMITTEE TO DEFEAT THE PRESIDENT

A. DARBY, CAROL, ELAINE, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 293 FREEMEN STREET
 City TALLAPOOSA State GA Zip Code 30176
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 205.00

Date of Receipt **02 / 05 / 2024**
Transaction ID : AC45E85F26CA241BFA42
 Amount of Each Receipt this Period 25.00
 Memo Item

B. DARBY, CAROL, ELAINE, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 293 FREEMEN STREET
 City TALLAPOOSA State GA Zip Code 30176
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 205.00

Date of Receipt **02 / 05 / 2024**
Transaction ID : A86E528D63AA145E79DF
 Amount of Each Receipt this Period 25.00
 Memo Item

C. DARBY, CAROL, ELAINE, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 293 FREEMEN STREET
 City TALLAPOOSA State GA Zip Code 30176
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 205.00

Date of Receipt **02 / 05 / 2024**
Transaction ID : A33C3C8C63E714F17A72
 Amount of Each Receipt this Period 25.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	75.00
TOTAL This Period (last page this line number only).....▶	

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)	PAGE 10 OF 45
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
THE COMMITTEE TO DEFEAT THE PRESIDENT

A. DARBY, CAROL, ELAINE, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 293 FREEMEN STREET
 City TALLAPOOSA State GA Zip Code 30176
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt **02 / 25 / 2024**
Transaction ID : AAB975D12E28341448AD
 Amount of Each Receipt this Period 35.00
 Memo Item

B. DARBY, CAROL, ELAINE, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 293 FREEMEN STREET
 City TALLAPOOSA State GA Zip Code 30176
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt **03 / 03 / 2024**
Transaction ID : A5AB0F3D9E2D84D82B86
 Amount of Each Receipt this Period 35.00
 Memo Item

C. DARBY, CAROL, ELAINE, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 293 FREEMEN STREET
 City TALLAPOOSA State GA Zip Code 30176
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt **03 / 05 / 2024**
Transaction ID : A6C70E804BCD442A3894
 Amount of Each Receipt this Period 25.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	95.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER:	PAGE 11 OF 45
(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
THE COMMITTEE TO DEFEAT THE PRESIDENT

A. DARBY, CAROL, ELAINE, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 293 FREEMEN STREET
 City TALLAPOOSA State GA Zip Code 30176
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 335.00

Date of Receipt 03 / 25 / 2024
Transaction ID : AB40AD8177D8E4FC4B40
 Amount of Each Receipt this Period 35.00
 Memo Item

B. DICKSON, JUNE, B., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2005 DICKSON DR
 City SHREVEPORT State LA Zip Code 71115
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 27 / 2024
Transaction ID : A8EC2D2C57FA046E6948
 Amount of Each Receipt this Period 100.00
 Memo Item

C. FENSTERMACHER, THOMAS, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 605 BLICK DR
 City SILVER SPRING State MD Zip Code 20904
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 02 / 02 / 2024
Transaction ID : A6D8B362776AF4C3E9A1
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 235.00
TOTAL This Period (last page this line number only)..... ▶

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)	PAGE 12 OF 45
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
THE COMMITTEE TO DEFEAT THE PRESIDENT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. FENSTERMACHER, THOMAS, , ,

Mailing Address 605 BLICK DR

City SILVER SPRING	State MD	Zip Code 20904
-----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	02	/	2024

Transaction ID : AD505915AB74148E8BEF

Amount of Each Receipt this Period
100.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. FENSTERMACHER, THOMAS, , ,

Mailing Address 605 BLICK DR

City SILVER SPRING	State MD	Zip Code 20904
-----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	02	/	2024

Transaction ID : A9C02E78ACF0F4B488AF

Amount of Each Receipt this Period
100.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. FIELDS, JAMES, , ,

Mailing Address 12683 PURDHAM DRIVE

City WOODBIDGE	State VA	Zip Code 22192
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	15	/	2024

Transaction ID : A088DBE57DC534D7E835

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).....	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER:	PAGE 13 OF 45
(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
THE COMMITTEE TO DEFEAT THE PRESIDENT

A. FIELDS, JAMES, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12683 PURDHAM DRIVE
 City WOODBRIDGE State VA Zip Code 22192
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 15 / 2024
Transaction ID : A00D3E64961D94E8C9CB
 Amount of Each Receipt this Period
 100.00
 Memo Item

B. FIELDS, JAMES, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12683 PURDHAM DRIVE
 City WOODBRIDGE State VA Zip Code 22192
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 18 / 2024
Transaction ID : AF627A5EF2FE24D1F87F
 Amount of Each Receipt this Period
 100.00
 Memo Item

C. FLECK, FRANK, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1525 VANCE PL
 City SANTA ANA State CA Zip Code 92701
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) ESTIMATOR Occupation (for Individual) SELF EMPLOYED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 16 / 2024
Transaction ID : AA7B4F14226A44732BA5
 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).....	

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)	PAGE 14 OF 45
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
THE COMMITTEE TO DEFEAT THE PRESIDENT

A. FLEGENHEIMER, WILLIAM, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 308 LEMONWOOD DR

City FALLBROOK	State CA	Zip Code 92028
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	08	/	2024

Transaction ID : AF77BAB480CBF4299A94

Amount of Each Receipt this Period
50.00

Memo Item

B. FLEGENHEIMER, WILLIAM, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 308 LEMONWOOD DR

City FALLBROOK	State CA	Zip Code 92028
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	29	/	2024

Transaction ID : A44C89C0659DB41B69C5

Amount of Each Receipt this Period
50.00

Memo Item

C. FULDNER, CHRIS, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5035 STONGATE CT

City SPRINGFIELD	State MO	Zip Code 65809-4013
---------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	10	/	2024

Transaction ID : ADC873C7F57CB4095A01

Amount of Each Receipt this Period
100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	200.00
TOTAL This Period (last page this line number only).....▶	

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)	PAGE 15 OF 45
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
THE COMMITTEE TO DEFEAT THE PRESIDENT

A. FULDNER, CHRIS, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5035 STONGATE CT
 City SPRINGFIELD State MO Zip Code 65809-4013
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 02 / 2024
Transaction ID : A53BA1A41C7934F09956
 Amount of Each Receipt this Period
 50.00
 Memo Item

B. FULDNER, CHRIS, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5035 STONGATE CT
 City SPRINGFIELD State MO Zip Code 65809-4013
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 03 / 2024
Transaction ID : A98C4EF25D95744E6BEC
 Amount of Each Receipt this Period
 50.00
 Memo Item

C. FULDNER, CHRIS, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5035 STONGATE CT
 City SPRINGFIELD State MO Zip Code 65809-4013
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 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
 02 / 08 / 2024
Transaction ID : A90E8B0663AFE4D3EAF3
 Amount of Each Receipt this Period
 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	150.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 OF 45
(check only one)
[X] 11a 11b 11c 12
13 14 15 16 17

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NAME OF COMMITTEE (In Full)
THE COMMITTEE TO DEFEAT THE PRESIDENT

Form for receipt A: FULDNER, CHRIS, , ,
Mailing Address 5035 STONGATE CT
City SPRINGFIELD State MO Zip Code 65809-4013
FEC ID number of contributing federal political committee. C
Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date 500.00

Date of Receipt 02 / 08 / 2024
Transaction ID : AEB5BF263C5A2447A9EE
Amount of Each Receipt this Period 50.00
Memo Item

Form for receipt B: FULDNER, CHRIS, , ,
Mailing Address 5035 STONGATE CT
City SPRINGFIELD State MO Zip Code 65809-4013
FEC ID number of contributing federal political committee. C
Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date 600.00

Date of Receipt 02 / 11 / 2024
Transaction ID : A3B89B4D20B4E4F55940
Amount of Each Receipt this Period 100.00
Memo Item

Form for receipt C: FULDNER, CHRIS, , ,
Mailing Address 5035 STONGATE CT
City SPRINGFIELD State MO Zip Code 65809-4013
FEC ID number of contributing federal political committee. C
Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date 650.00

Date of Receipt 03 / 02 / 2024
Transaction ID : A9AEFC16620B4449FA06
Amount of Each Receipt this Period 50.00
Memo Item

SUBTOTAL of Receipts This Page (optional) 200.00
TOTAL This Period (last page this line number only)

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)	PAGE 17 OF 45
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
THE COMMITTEE TO DEFEAT THE PRESIDENT

A. FULDNER, CHRIS, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5035 STONGATE CT
 City SPRINGFIELD State MO Zip Code 65809-4013
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 03 / 2024
Transaction ID : AAC54786BE9794C5BB76
 Amount of Each Receipt this Period
 50.00
 Memo Item

B. FULDNER, CHRIS, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5035 STONGATE CT
 City SPRINGFIELD State MO Zip Code 65809-4013
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 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
 03 / 08 / 2024
Transaction ID : A70B5818A02264E888C2
 Amount of Each Receipt this Period
 50.00
 Memo Item

C. GASHENKO, LUDA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5401 OLD SEWARD HWY
 City ANCHORAGE State AK Zip Code 99518
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 08 / 2024
Transaction ID : A59F84D16EFAB4644923
 Amount of Each Receipt this Period
 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	200.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 18 OF 45
 (check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
THE COMMITTEE TO DEFEAT THE PRESIDENT

A. HIGGINS, DARLA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6208 LANTANA CT

City FORT WORTH	State TX	Zip Code 76112
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 03 / 20 / 2024
Transaction ID : ABBC28638D423470F831

Amount of Each Receipt this Period
50.00

Memo Item

B. HIGGINS, DARLA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6208 LANTANA CT

City FORT WORTH	State TX	Zip Code 76112
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
 03 / 23 / 2024
Transaction ID : AAFFFA0CF6D5C4680ABB

Amount of Each Receipt this Period
50.00

Memo Item

C. JOHNSON, DENNIS, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3418 E. SUNCREST CT

City PHOENIX	State AZ	Zip Code 85044-3506
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) TRAFFICADE SERVICE INC.	Occupation (for Individual) PRESIDENT
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
300.00

Date of Receipt
 03 / 14 / 2024
Transaction ID : AD8B04CFF88E34F7BBA0

Amount of Each Receipt this Period
100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	200.00
TOTAL This Period (last page this line number only).....	

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)	PAGE 19 OF 45
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
THE COMMITTEE TO DEFEAT THE PRESIDENT

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
KENWORTHY, CHRISTINE, , ,

Mailing Address 10407 SOUTHERN HAWKER

City CONROE	State TX	Zip Code 77385
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SELF	Occupation (for Individual) SELF EMPLOYED-CONSULTANT
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
02 / 09 / 2024

Transaction ID : A5AC8BA50E2AA47BB8F2

Amount of Each Receipt this Period
100.00

Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
KENWORTHY, CHRISTINE, , ,

Mailing Address 10407 SOUTHERN HAWKER

City CONROE	State TX	Zip Code 77385
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SELF	Occupation (for Individual) SELF EMPLOYED-CONSULTANT
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
02 / 09 / 2024

Transaction ID : A8E450182273D49DE9E3

Amount of Each Receipt this Period
100.00

Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
KENWORTHY, CHRISTINE, , ,

Mailing Address 10407 SOUTHERN HAWKER

City CONROE	State TX	Zip Code 77385
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SELF	Occupation (for Individual) SELF EMPLOYED-CONSULTANT
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
400.00

Date of Receipt
MM / DD / YYYY
03 / 09 / 2024

Transaction ID : A6E1E8148CC2444A6AE5

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).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 20 OF 45
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
THE COMMITTEE TO DEFEAT THE PRESIDENT

A. KIRWAN, KYLE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1920 GROVE STREET
 City SONOMA State CA Zip Code 95476
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt **03 / 14 / 2024**
Transaction ID : A0110DB9212384253B5D
 Amount of Each Receipt this Period 100.00
 Memo Item

B. KOETHER, BERNARD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 757 SE 17TH ST STE 1074
 City FORT LAUDERDALE State FL Zip Code 33316
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt **01 / 29 / 2024**
Transaction ID : A8C522CE6584A412F901
 Amount of Each Receipt this Period 250.00
 Memo Item

C. KOETHER, BERNARD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 757 SE 17TH ST STE 1074
 City FORT LAUDERDALE State FL Zip Code 33316
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt **02 / 03 / 2024**
Transaction ID : AC48AC4615C07479B8EB
 Amount of Each Receipt this Period 25.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	375.00
TOTAL This Period (last page this line number only).....	

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)	PAGE 21 OF 45
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
THE COMMITTEE TO DEFEAT THE PRESIDENT

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
KOETHER, BERNARD, , ,

Mailing Address 757 SE 17TH ST STE 1074

City FORT LAUDERDALE	State FL	Zip Code 33316
-------------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 29 / 2024

Transaction ID : AA33EF730CC344EC2A83

Amount of Each Receipt this Period
250.00

Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
KOETHER, BERNARD, , ,

Mailing Address 757 SE 17TH ST STE 1074

City FORT LAUDERDALE	State FL	Zip Code 33316
-------------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 29 / 2024

Transaction ID : A43B3E4788C774646825

Amount of Each Receipt this Period
250.00

Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
KOETHER, BERNARD, , ,

Mailing Address 757 SE 17TH ST STE 1074

City FORT LAUDERDALE	State FL	Zip Code 33316
-------------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
825.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 03 / 2024

Transaction ID : A537AAE2B49A14244A2C

Amount of Each Receipt this Period
25.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	525.00
TOTAL This Period (last page this line number only).....	

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)	PAGE 22 OF 45
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
THE COMMITTEE TO DEFEAT THE PRESIDENT

A. KOETHER, BERNARD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 757 SE 17TH ST STE 1074
 City FORT LAUDERDALE State FL Zip Code 33316
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1075.00

Date of Receipt 03 / 29 / 2024
Transaction ID : A1E5962C3BB743B3AC5
 Amount of Each Receipt this Period 250.00
 Memo Item

B. MITCHELL, ROBERT, A., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6212 SCENIC WAY
 City BAKERSFIELD State CA Zip Code 93309
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 08 / 2024
Transaction ID : AB4B2C068BB8846948DB
 Amount of Each Receipt this Period 100.00
 Memo Item

C. NANKIVELL, MELANIE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5840 MOONSTONE BEACH DRIVE
 City CAMBRIA State CA Zip Code 93428
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 03 / 02 / 2024
Transaction ID : AC7AECFA698B245DA848
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	400.00
TOTAL This Period (last page this line number only).....	

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)	PAGE 23 OF 45
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
THE COMMITTEE TO DEFEAT THE PRESIDENT

A. NANKIVELL, MELANIE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5840 MOONSTONE BEACH DRIVE
 City CAMBRIA State CA Zip Code 93428
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 03 / 02 / 2024
Transaction ID : A8809234402464AEB94A
 Amount of Each Receipt this Period 50.00
 Memo Item

B. NANKIVELL, MELANIE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5840 MOONSTONE BEACH DRIVE
 City CAMBRIA State CA Zip Code 93428
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 305.00

Date of Receipt 03 / 03 / 2024
Transaction ID : A3896487CBFDA49AC894
 Amount of Each Receipt this Period 35.00
 Memo Item

C. PUTNAM, STEVE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1445 MANATEE CIR
 City TARPON SPRINGS State FL Zip Code 34689
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RAYMOND JAMES FINANCIAL SERVICES Occupation (for Individual) INVESTMENT ADVISOR
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 31 / 2024
Transaction ID : AA3FAE73A9ACE4A32AC3
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 135.00
TOTAL This Period (last page this line number only)..... ▶

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)	PAGE 24 OF 45
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 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)
THE COMMITTEE TO DEFEAT THE PRESIDENT

A. SHRINIVAS, RAVEE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 505 8TH AVE STE 1402
 City NEW YORK State NY Zip Code 10018
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) CERTIFIED PUBLIC ACCOUNTANT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 27 / 2024
Transaction ID : A39BBF0658DAE420C95A
 Amount of Each Receipt this Period 100.00
 Memo Item

B. WALKER, JOHN, R., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX G
 City MERRILL State OR Zip Code 97633
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 06 / 2024
Transaction ID : A3FE24539CAB04A3FB81
 Amount of Each Receipt this Period 100.00
 Memo Item

C. WILLIAMS, PATRICIA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 918 MASON ST
 City LODI State CA Zip Code 95242
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 11 / 2024
Transaction ID : A728005DCC9B845A3A06
 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).....	

**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)	PAGE 25 OF 45
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
THE COMMITTEE TO DEFEAT THE PRESIDENT

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
WILLIAMS, TWYLA, J, ,

Mailing Address 12815 AMARANTH STREET

City SAN DIEGO	State CA	Zip Code 92129
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) DAVIS & ADAMS CONSTRUCTION	Occupation (for Individual) CONTROLLER
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 22 / 2024
Transaction ID : A064A91705A7E4292916

Amount of Each Receipt this Period
100.00

Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
WILSON, LYNN, , ,

Mailing Address 3221 BAY SHORE RD

City SARASOTA	State FL	Zip Code 34234
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 19 / 2024
Transaction ID : A63423B3721AE41038CB

Amount of Each Receipt this Period
100.00

Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City	State	Zip Code
------	-------	----------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....	200.00
TOTAL This Period (last page this line number only).....	4675.00

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)	PAGE 26 OF 45
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
THE COMMITTEE TO DEFEAT THE PRESIDENT

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
FOLGNER, GARY, , ,

Mailing Address 33157 CAMINO CAPISTRANO

City SAN JUAN CAPISTRANO	State CA	Zip Code 92675
-----------------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SELF EMPLOYED	Occupation (for Individual) CONCERT PRODUCER
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
01	/	12	/	2024

Transaction ID : A60A48217EA5E4ECC9DF

Amount of Each Receipt this Period
250.00

Memo Item
CAREY ACCOUNT

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City	State	Zip Code
------	-------	----------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M	/	D D	/	Y Y Y Y
-----	---	-----	---	---------

Amount of Each Receipt this Period

Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City	State	Zip Code
------	-------	----------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M	/	D D	/	Y Y Y Y
-----	---	-----	---	---------

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	250.00
TOTAL This Period (last page this line number only).....▶	250.00

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

THE COMMITTEE TO DEFEAT THE PRESIDENT

Full Name (Last, First, Middle Initial)

A. ANEDOT

Mailing Address 1340 POYDRAS ST
STE 1770

City
NEW ORLEANS

State
LA

Zip Code
70112-5204

Purpose of Disbursement
PAYMENT PROCESSING FEES

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		0	8		2	0	2	4

FEC Identification Number

C

Transaction ID : B966B6E21E

Amount of Each Disbursement this Period

8.30

Memo Item

Full Name (Last, First, Middle Initial)

B. ANEDOT

Mailing Address 1340 POYDRAS ST
STE 1770

City
NEW ORLEANS

State
LA

Zip Code
70112-5204

Purpose of Disbursement
PAYMENT PROCESSING FEES

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		1	2		2	0	2	4

FEC Identification Number

C

Transaction ID : BA0D82AABE

Amount of Each Disbursement this Period

21.70

Memo Item

Full Name (Last, First, Middle Initial)

C. ANEDOT

Mailing Address 1340 POYDRAS ST
STE 1770

City
NEW ORLEANS

State
LA

Zip Code
70112-5204

Purpose of Disbursement
PAYMENT PROCESSING FEES

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		1	4		2	0	2	4

FEC Identification Number

C

Transaction ID : B2770C0571

Amount of Each Disbursement this Period

5.70

Memo Item

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

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

35.70

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
THE COMMITTEE TO DEFEAT THE PRESIDENT

A. ANEDOT

Full Name (Last, First, Middle Initial)

Mailing Address 1340 POYDRAS ST
STE 1770

City NEW ORLEANS State LA Zip Code 70112-5204

Purpose of Disbursement
PAYMENT PROCESSING FEES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 02 / 14 / 2024

FEC Identification Number: C
Transaction ID : B3BA3C3E0E

Amount of Each Disbursement this Period: 15.60

Memo Item

B. ANEDOT

Full Name (Last, First, Middle Initial)

Mailing Address 1340 POYDRAS ST
STE 1770

City NEW ORLEANS State LA Zip Code 70112-5204

Purpose of Disbursement
PAYMENT PROCESSING FEES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 02 / 16 / 2024

FEC Identification Number: C
Transaction ID : B33F4107530

Amount of Each Disbursement this Period: 2.00

Memo Item

C. ANEDOT

Full Name (Last, First, Middle Initial)

Mailing Address 1340 POYDRAS ST
STE 1770

City NEW ORLEANS State LA Zip Code 70112-5204

Purpose of Disbursement
PAYMENT PROCESSING FEES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 02 / 21 / 2024

FEC Identification Number: C
Transaction ID : B84561204B1

Amount of Each Disbursement this Period: 10.20

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 27.80

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

THE COMMITTEE TO DEFEAT THE PRESIDENT

Full Name (Last, First, Middle Initial)

A. ANEDOT

Mailing Address 1340 POYDRAS ST
STE 1770

City
NEW ORLEANS

State
LA

Zip Code
70112-5204

Purpose of Disbursement
PAYMENT PROCESSING FEES

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	22	/	2024

FEC Identification Number

C

Transaction ID : B8764D5211f

Amount of Each Disbursement this Period

20.60

Memo Item

Full Name (Last, First, Middle Initial)

B. ANEDOT

Mailing Address 1340 POYDRAS ST
STE 1770

City
NEW ORLEANS

State
LA

Zip Code
70112-5204

Purpose of Disbursement
PAYMENT PROCESSING FEES

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	22	/	2024

FEC Identification Number

C

Transaction ID : B8B6C3BD8E

Amount of Each Disbursement this Period

12.98

Memo Item

Full Name (Last, First, Middle Initial)

C. ANEDOT

Mailing Address 1340 POYDRAS ST
STE 1770

City
NEW ORLEANS

State
LA

Zip Code
70112-5204

Purpose of Disbursement
PAYMENT PROCESSING FEES

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	26	/	2024

FEC Identification Number

C

Transaction ID : B86F509FAE

Amount of Each Disbursement this Period

1.30

Memo Item

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

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

34.88

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

THE COMMITTEE TO DEFEAT THE PRESIDENT

Full Name (Last, First, Middle Initial)

A. ANEDOT

Mailing Address 1340 POYDRAS ST
STE 1770

City
NEW ORLEANS

State
LA

Zip Code
70112-5204

Purpose of Disbursement
PAYMENT PROCESSING FEES

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	8		2	0	2	4

FEC Identification Number

C [REDACTED]

Transaction ID : BCC77300F0

Amount of Each Disbursement this Period

[REDACTED] 8.10

Memo Item

Full Name (Last, First, Middle Initial)

B. ANEDOT

Mailing Address 1340 POYDRAS ST
STE 1770

City
NEW ORLEANS

State
LA

Zip Code
70112-5204

Purpose of Disbursement
PAYMENT PROCESSING FEES

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	8		2	0	2	4

FEC Identification Number

C [REDACTED]

Transaction ID : BF2D6C37DB

Amount of Each Disbursement this Period

[REDACTED] 13.40

Memo Item

Full Name (Last, First, Middle Initial)

C. ANEDOT

Mailing Address 1340 POYDRAS ST
STE 1770

City
NEW ORLEANS

State
LA

Zip Code
70112-5204

Purpose of Disbursement
PAYMENT PROCESSING FEES

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	1		2	0	2	4

FEC Identification Number

C [REDACTED]

Transaction ID : BCCC68D0B

Amount of Each Disbursement this Period

[REDACTED] 27.40

Memo Item

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

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

[REDACTED] 48.90

[REDACTED]

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

THE COMMITTEE TO DEFEAT THE PRESIDENT

Full Name (Last, First, Middle Initial)

A. ANEDOT

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		05		2024

Mailing Address 1340 POYDRAS ST
STE 1770

City NEW ORLEANS State LA Zip Code 70112-5204

Purpose of Disbursement
PAYMENT PROCESSING FEES

Candidate Name

FEC Identification Number

C

Transaction ID : BDF81FD4A7

Amount of Each Disbursement this Period

9.30

Memo Item

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Full Name (Last, First, Middle Initial)

B. ANEDOT

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		06		2024

Mailing Address 1340 POYDRAS ST
STE 1770

City NEW ORLEANS State LA Zip Code 70112-5204

Purpose of Disbursement
PAYMENT PROCESSING FEES

Candidate Name

FEC Identification Number

C

Transaction ID : B6BA445CDC

Amount of Each Disbursement this Period

7.90

Memo Item

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Full Name (Last, First, Middle Initial)

C. ANEDOT

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		07		2024

Mailing Address 1340 POYDRAS ST
STE 1770

City NEW ORLEANS State LA Zip Code 70112-5204

Purpose of Disbursement
PAYMENT PROCESSING FEES

Candidate Name

FEC Identification Number

C

Transaction ID : BD855F2DB!

Amount of Each Disbursement this Period

4.20

Memo Item

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

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

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

21.40

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
THE COMMITTEE TO DEFEAT THE PRESIDENT

Full Name (Last, First, Middle Initial) A. ANEDOT		Date of Disbursement MM / DD / YYYY 03 / 11 / 2024	
Mailing Address 1340 POYDRAS ST STE 1770		FEC Identification Number C [REDACTED] Transaction ID : B2062FDDCE	
City NEW ORLEANS	State LA	Zip Code 70112-5204	Amount of Each Disbursement this Period 9.00
Purpose of Disbursement PAYMENT PROCESSING FEES		Category/ Type	Memo Item <input type="checkbox"/>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. ANEDOT		Date of Disbursement MM / DD / YYYY 03 / 13 / 2024	
Mailing Address 1340 POYDRAS ST STE 1770		FEC Identification Number C [REDACTED] Transaction ID : B828092C472	
City NEW ORLEANS	State LA	Zip Code 70112-5204	Amount of Each Disbursement this Period 30.40
Purpose of Disbursement PAYMENT PROCESSING FEES		Category/ Type	Memo Item <input type="checkbox"/>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. ANEDOT		Date of Disbursement MM / DD / YYYY 03 / 13 / 2024	
Mailing Address 1340 POYDRAS ST STE 1770		FEC Identification Number C [REDACTED] Transaction ID : B72BAE0B9t	
City NEW ORLEANS	State LA	Zip Code 70112-5204	Amount of Each Disbursement this Period 8.60
Purpose of Disbursement PAYMENT PROCESSING FEES		Category/ Type	Memo Item <input type="checkbox"/>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional).....▶	48.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
THE COMMITTEE TO DEFEAT THE PRESIDENT

Full Name (Last, First, Middle Initial)

A. ANEDOT

Mailing Address 1340 POYDRAS ST
STE 1770

City NEW ORLEANS State LA Zip Code 70112-5204

Purpose of Disbursement
PAYMENT PROCESSING FEES

Candidate Name

Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) ▼
 State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		15		2024

FEC Identification Number

C [Redacted]
Transaction ID : BB863C8FCE
 Amount of Each Disbursement this Period
 [Redacted] 0.70

Memo Item

Full Name (Last, First, Middle Initial)

B. ANEDOT

Mailing Address 1340 POYDRAS ST
STE 1770

City NEW ORLEANS State LA Zip Code 70112-5204

Purpose of Disbursement
PAYMENT PROCESSING FEES

Candidate Name

Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) ▼
 State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		19		2024

FEC Identification Number

C [Redacted]
Transaction ID : B772E6C3EC
 Amount of Each Disbursement this Period
 [Redacted] 4.60

Memo Item

Full Name (Last, First, Middle Initial)

C. ANEDOT

Mailing Address 1340 POYDRAS ST
STE 1770

City NEW ORLEANS State LA Zip Code 70112-5204

Purpose of Disbursement
PAYMENT PROCESSING FEES

Candidate Name

Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) ▼
 State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		20		2024

FEC Identification Number

C [Redacted]
Transaction ID : BEDE80D56E
 Amount of Each Disbursement this Period
 [Redacted] 10.10

Memo Item

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

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

[Redacted] 15.40
[Redacted]

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

Form for line numbers 21b through 30b with checkboxes.

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NAME OF COMMITTEE (In Full)
THE COMMITTEE TO DEFEAT THE PRESIDENT

Form A: ANEDOT. Includes fields for Full Name, Mailing Address, City, State, Zip Code, Purpose of Disbursement (PAYMENT PROCESSING FEES), Candidate Name, Office Sought, Disbursement For, Date of Disbursement (03/21/2024), FEC Identification Number (C), Transaction ID (BBDA33E8C), and Amount of Each Disbursement (23.68).

Form B: ANEDOT. Includes fields for Full Name, Mailing Address, City, State, Zip Code, Purpose of Disbursement (PAYMENT PROCESSING FEES), Candidate Name, Office Sought, Disbursement For, Date of Disbursement (03/25/2024), FEC Identification Number (C), Transaction ID (B4619484AD), and Amount of Each Disbursement (5.00).

Form C: ANEDOT. Includes fields for Full Name, Mailing Address, City, State, Zip Code, Purpose of Disbursement (PAYMENT PROCESSING FEES), Candidate Name, Office Sought, Disbursement For, Date of Disbursement (03/27/2024), FEC Identification Number (C), Transaction ID (B2E48F2FD2), and Amount of Each Disbursement (7.40).

SUBTOTAL of Disbursements This Page (optional) 36.08
TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

THE COMMITTEE TO DEFEAT THE PRESIDENT

Full Name (Last, First, Middle Initial)

A. ANEDOT

Mailing Address 1340 POYDRAS ST
STE 1770

City
NEW ORLEANS

State
LA

Zip Code
70112-5204

Purpose of Disbursement
PAYMENT PROCESSING FEES

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	7		2	0	2	4

FEC Identification Number

C [REDACTED]

Transaction ID : **BBF7C0479E**

Amount of Each Disbursement this Period

[REDACTED] 3.70

Memo Item

Full Name (Last, First, Middle Initial)

B. ANEDOT

Mailing Address 1340 POYDRAS ST
STE 1770

City
NEW ORLEANS

State
LA

Zip Code
70112-5204

Purpose of Disbursement
PAYMENT PROCESSING FEES

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	9		2	0	2	4

FEC Identification Number

C [REDACTED]

Transaction ID : **B9EE3CE4AC**

Amount of Each Disbursement this Period

[REDACTED] 26.20

Memo Item

Full Name (Last, First, Middle Initial)

C. AUDIT ADJUSTMENT

Mailing Address

City

State

Zip Code

Purpose of Disbursement
SEE REPORT LEVEL MEMO LANGUAGE REGARDING THIS

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	3		2	0	2	4

FEC Identification Number

C [REDACTED]

Transaction ID : **B0B8DED05t**

Amount of Each Disbursement this Period

[REDACTED] 12948.14

Memo Item

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

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

[REDACTED] 12978.04

[REDACTED]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

THE COMMITTEE TO DEFEAT THE PRESIDENT

Full Name (Last, First, Middle Initial)

A. CAMPAIGN SOLUTIONS

Mailing Address 117 N SAINT ASAPH ST.

City
ALEXANDRIA

State
VA

Zip Code
22314

Purpose of Disbursement
DIGITAL MANAGEMENT

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		12		2024

FEC Identification Number

C [REDACTED]

Transaction ID : B7E979E626f

Amount of Each Disbursement this Period

[REDACTED] 220.00

Memo Item

Full Name (Last, First, Middle Initial)

B. CAMPAIGN SOLUTIONS

Mailing Address 117 N SAINT ASAPH ST.

City
ALEXANDRIA

State
VA

Zip Code
22314

Purpose of Disbursement
DIGITAL MANAGEMENT

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		31		2024

FEC Identification Number

C [REDACTED]

Transaction ID : B421E9D9007

Amount of Each Disbursement this Period

[REDACTED] 1891.40

Memo Item

Full Name (Last, First, Middle Initial)

C. CAMPAIGN SOLUTIONS

Mailing Address 117 N SAINT ASAPH ST.

City
ALEXANDRIA

State
VA

Zip Code
22314

Purpose of Disbursement
DIGITAL MANAGEMENT

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		31		2024

FEC Identification Number

C [REDACTED]

Transaction ID : B1159765D5f

Amount of Each Disbursement this Period

[REDACTED] 336.35

Memo Item

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

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

[REDACTED] 2447.75

[REDACTED]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

THE COMMITTEE TO DEFEAT THE PRESIDENT

Full Name (Last, First, Middle Initial)

A. CAMPAIGN SOLUTIONS

Mailing Address 117 N SAINT ASAPH ST.

City
ALEXANDRIA

State
VA

Zip Code
22314

Purpose of Disbursement
FINANCIAL PROCESSING FEES

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	02	/	2024

FEC Identification Number

C [REDACTED]

Transaction ID : B6FCD5B34E

Amount of Each Disbursement this Period

[REDACTED]	25.00
------------	-------

Memo Item

Full Name (Last, First, Middle Initial)

B. CAMPAIGN SOLUTIONS

Mailing Address 117 N SAINT ASAPH ST.

City
ALEXANDRIA

State
VA

Zip Code
22314

Purpose of Disbursement
FINANCIAL PROCESSING FEES

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	22	/	2024

FEC Identification Number

C [REDACTED]

Transaction ID : B0A2D7EBCI

Amount of Each Disbursement this Period

[REDACTED]	25.00
------------	-------

Memo Item

Full Name (Last, First, Middle Initial)

C. CAMPAIGN SOLUTIONS

Mailing Address 117 N SAINT ASAPH ST.

City
ALEXANDRIA

State
VA

Zip Code
22314

Purpose of Disbursement
DIGITAL MANAGEMENT

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	29	/	2024

FEC Identification Number

C [REDACTED]

Transaction ID : B3400A667F

Amount of Each Disbursement this Period

[REDACTED]	3326.30
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Memo Item

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

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

[REDACTED]	3376.30
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[REDACTED]	
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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

THE COMMITTEE TO DEFEAT THE PRESIDENT

Full Name (Last, First, Middle Initial)

A. CAMPAIGN SOLUTIONS

Mailing Address 117 N SAINT ASAPH ST.

City
ALEXANDRIA

State
VA

Zip Code
22314

Purpose of Disbursement
DIGITAL MANAGEMENT

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		29		2024

FEC Identification Number

C [REDACTED]

Transaction ID : B94EB4EF38

Amount of Each Disbursement this Period

[REDACTED] 419.15

Memo Item

Full Name (Last, First, Middle Initial)

B. CAMPAIGN SOLUTIONS

Mailing Address 117 N SAINT ASAPH ST.

City
ALEXANDRIA

State
VA

Zip Code
22314

Purpose of Disbursement
DIGITAL MANAGEMENT

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		18		2024

FEC Identification Number

C [REDACTED]

Transaction ID : B2E28EA918

Amount of Each Disbursement this Period

[REDACTED] 220.00

Memo Item

Full Name (Last, First, Middle Initial)

C. CAMPAIGN SOLUTIONS

Mailing Address 117 N SAINT ASAPH ST.

City
ALEXANDRIA

State
VA

Zip Code
22314

Purpose of Disbursement
DIGITAL MANAGEMENT

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		31		2024

FEC Identification Number

C [REDACTED]

Transaction ID : BF41B1E801

Amount of Each Disbursement this Period

[REDACTED] 249.90

Memo Item

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

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

[REDACTED] 889.05

[REDACTED]

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

THE COMMITTEE TO DEFEAT THE PRESIDENT

Full Name (Last, First, Middle Initial)

A. CAMPAIGN SOLUTIONS

Mailing Address 117 N SAINT ASAPH ST.

City
ALEXANDRIA

State
VA

Zip Code
22314

Purpose of Disbursement
DIGITAL MANAGEMENT

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			3	1			2	0	2	4		

FEC Identification Number

C [REDACTED]

Transaction ID : B6D6F8D96E

Amount of Each Disbursement this Period

[REDACTED] 2058.34

Memo Item

Full Name (Last, First, Middle Initial)

B. CHALMERS, ADAMS, BACKER & KAUFMAN LLC

Mailing Address 5805 STATE BRIDGE RD
G77

City
JOHNS CREEK

State
GA

Zip Code
30097-8220

Purpose of Disbursement
LEGAL SERVICES

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			1	6			2	0	2	4		

FEC Identification Number

C [REDACTED]

Transaction ID : B0EAD2D1E0

Amount of Each Disbursement this Period

[REDACTED] 1892.50

Memo Item

Full Name (Last, First, Middle Initial)

C. EDONATION

Mailing Address 117 NORTH SAINT ASAPH ST

City
ALEXANDRIA

State
VA

Zip Code
22314

Purpose of Disbursement
PAYMENT PROCESSING FEES

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			3	1			2	0	2	4		

FEC Identification Number

C [REDACTED]

Transaction ID : BCD626FFC:

Amount of Each Disbursement this Period

[REDACTED] 268.23

Memo Item

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

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

[REDACTED] 4219.07

[REDACTED]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

THE COMMITTEE TO DEFEAT THE PRESIDENT

Full Name (Last, First, Middle Initial)

A. EDONATION

Mailing Address 117 NORTH SAINT ASAPH ST

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
PAYMENT PROCESSING FEES

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	9		2	0	2	4

FEC Identification Number

C [Redacted]

Transaction ID : B00363AAE3

Amount of Each Disbursement this Period

[Redacted] 341.26

Memo Item

Full Name (Last, First, Middle Initial)

B. EDONATION

Mailing Address 117 NORTH SAINT ASAPH ST

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
PAYMENT PROCESSING FEES

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	1		2	0	2	4

FEC Identification Number

C [Redacted]

Transaction ID : B1FCBEF092

Amount of Each Disbursement this Period

[Redacted] 220.44

Memo Item

Full Name (Last, First, Middle Initial)

C. PAC MANAGEMENT SERVICES

Mailing Address 441 N LEE ST
STE 100

City ALEXANDRIA State VA Zip Code 22314-2301

Purpose of Disbursement
COMPLIANCE SOFTWARE

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	0		2	0	2	4

FEC Identification Number

C [Redacted]

Transaction ID : B53BC7E5F2

Amount of Each Disbursement this Period

[Redacted] 2250.00

Memo Item

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

[Redacted] 2811.70

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

[Redacted]

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

THE COMMITTEE TO DEFEAT THE PRESIDENT

Full Name (Last, First, Middle Initial)

A. PAC MANAGEMENT SERVICES

Mailing Address 441 N LEE ST
STE 100

City
ALEXANDRIA

State
VA

Zip Code
22314-2301

Purpose of Disbursement
COMPLIANCE & ADMIN SERVICES

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	8		2	0	2	4

FEC Identification Number

C []

Transaction ID : B8309BC7D9

Amount of Each Disbursement this Period

[] 350.00

Memo Item

Full Name (Last, First, Middle Initial)

B. PAC MANAGEMENT SERVICES

Mailing Address 441 N LEE ST
STE 100

City
ALEXANDRIA

State
VA

Zip Code
22314-2301

Purpose of Disbursement
COMPLIANCE & ADMIN SERVICES

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	8		2	0	2	4

FEC Identification Number

C []

Transaction ID : B0A8481EAC

Amount of Each Disbursement this Period

[] 1450.00

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

FEC Identification Number

C []

Amount of Each Disbursement this Period

[]

Memo Item

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

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

[] 1800.00

[] 28790.07

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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)

THE COMMITTEE TO DEFEAT THE PRESIDENT

Full Name (Last, First, Middle Initial)

A. DICKSON, ANNE, C, ,

Mailing Address 6 SANTA DOMINGO COURT

City
ODESSA

State
TX

Zip Code
79765

Purpose of Disbursement
CONTRIBUTION REFUND

010

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		04		2024

FEC Identification Number

C []

Transaction ID : B1E73790841

Amount of Each Disbursement this Period

250.00

Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

FEC Identification Number

C []

Amount of Each Disbursement this Period

--

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

FEC Identification Number

C []

Amount of Each Disbursement this Period

--

Memo Item

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

250.00

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

250.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

THE COMMITTEE TO DEFEAT THE PRESIDENT

Full Name (Last, First, Middle Initial)

A. CAMPAIGN SOLUTIONS

Mailing Address 117 N SAINT ASAPH ST.

City
ALEXANDRIA

State
VA

Zip Code
22314

Purpose of Disbursement
CAREY ACCOUNT: DIGITAL MANAGEMENT

012

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		20		2024

FEC Identification Number

C [REDACTED]

Transaction ID : B299BAE1BE

Amount of Each Disbursement this Period

220.00

Memo Item

Full Name (Last, First, Middle Initial)

B. CHALMERS, ADAMS, BACKER & KAUFMAN LLC

Mailing Address 5805 STATE BRIDGE RD
G77

City
JOHNS CREEK

State
GA

Zip Code
30097-8220

Purpose of Disbursement
CAREY ACCOUNT: LEGAL SERVICES

012

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		20		2024

FEC Identification Number

C [REDACTED]

Transaction ID : BCE424F6A7

Amount of Each Disbursement this Period

45.00

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y

FEC Identification Number

C [REDACTED]

Amount of Each Disbursement this Period

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Memo Item

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

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

265.00

265.00

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) THE COMMITTEE TO DEFEAT THE PRESIDENT
FEC IDENTIFICATION NUMBER C C00544767

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee DIRECT RESPONSE, LLC
Mailing Address 16845 N 29TH AVE STE 1550
City PHOENIX State AZ Zip Code 85053-0418
Purpose of Expenditure CAREY ACCOUNT; SEE PMT FOR EST. FROM 9/29/2023.PHONE VOTER CONTACT; SEE EST. TRANS ID
Name of Federal Candidate: TRUMP, DONALD, J., , Support
Office Sought: President
Disbursement For: General
Amount 1362.24
Transaction ID : E9B916FE06ACD4EA3BB1
Date of Disbursement or Obligation 01/03/2024

Full Name of Payee DIRECT RESPONSE, LLC
Mailing Address 16845 N 29TH AVE STE 1550
City PHOENIX State AZ Zip Code 85053-0418
Purpose of Expenditure SEE PMT FOR EST. FROM 9/29/2023.PHONE VOTER CONTACT; SEE EST. TRANS ID #:...443EBFF
Name of Federal Candidate: TRUMP, DONALD, J., , Support
Office Sought: President
Disbursement For: General
Amount 4300.47
Transaction ID : EBCC05A8B920B44BB891
Date of Disbursement or Obligation 03/22/2024

(a) SUBTOTAL of Itemized Independent Expenditures 5662.71
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

HARVEY, TED, , ,
Signature

Date 07/25/2024

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) THE COMMITTEE TO DEFEAT THE PRESIDENT
FEC IDENTIFICATION NUMBER C C00544767

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee RRTVMEDIA, LLC
Mailing Address 3948 3RD STREET S SUITE 18
City JACKSONVILLE BEACH State FL Zip Code 32250
Purpose of Expenditure PMT FOR EST FROM 12/4/2023. CAREY ACCOUNT: TV ADVERTISING; SEE EST TRANS ID#:...41C8BA4
Name of Federal Candidate: TRUMP, DONALD, J., , Support
Date of Public Distribution/Dissemination 12 / 04 / 2023
Amount 3500.00
Transaction ID : EF2BA2E52C7E546F6AA1
Date of Disbursement or Obligation 02 / 02 / 2024
Disbursement For: General 2024

Full Name of Payee RRTVMEDIA, LLC
Mailing Address 3948 3RD STREET S SUITE 18
City JACKSONVILLE BEACH State FL Zip Code 32250
Purpose of Expenditure PMT FOR EST FROM 11/27/2023. TV ADVERTISING; SEE EST TRANS ID#:...4188BB5
Name of Federal Candidate: TRUMP, DONALD, J., , Support
Date of Public Distribution/Dissemination 11 / 27 / 2023
Amount 2833.00
Transaction ID : EBB177192D5134C8C88B
Date of Disbursement or Obligation 02 / 27 / 2024
Disbursement For: General 2024

(a) SUBTOTAL of Itemized Independent Expenditures 6333.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures 11995.71

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

HARVEY, TED, , ,
Signature

Date 07 / 25 / 2024