24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule F)

Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
The Committee To Defend The President	
	C C00544767
	M = M / D = D / Y = Y = Y
Check if 24-hour report 48-hour report New report Amends report filed	
Full Name of Payee RIGHT VOTER, LLC	Date of Public Distribution/Dissemination
RIGHT VOTER, LLC	11 01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 7915 S EMERSON AVE	Amount
STE B101	Anount
City State Zip Code	60000.00
INDIANAPOLIS IN 46237	Transaction ID : SE24.153733 Date of Disbursement or Obligation
Purpose of Expenditure FIELD PROGRAM Category/	M M / D D / Y Y Y Y
Type	10 29 2019
Name of Federal Candidate Support Office	e Sought: House District:
TRUMP, DONALD, J., , Oppose	President Senate State:
Odioridai Todi To Bato	ursement For: Primary X General
Per Election for Office Sought 3249920.40 2020	Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
	M M / D D / Y Y Y Y
Mailing Address	
	Amount
City State Zip Code	
Purpose of Expenditure	Date of Disbursement or Obligation
Category/	M = M / D = D / Y = Y = Y
Name of Foderal Condidate	
Support	e Sought: House District:
Oppose	President Senate State:
Galorida Todi To Bato	ursement For: Primary General
Per Election for Office Sought	Other (specify) -
(a) SUBTOTAL of Itemized Independent Expenditures	60000.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(a) TOTAL leaders and at Forest Phone	
(c) TOTAL Independent Expenditures	60000.00
Under penalty of perjury I certify that the independent expenditures reported herein were not many	• • • • • • • • • • • • • • • • • • • •
with, or at the request or suggestion of, any candidate or authorized committee or agent of eithe party committee) any political party committee or its agent.	r, or (it the reporting entity is not a political
Backer, Dan, , , [Electronically Filed] Data 1	M / D D / Y Y Y Y
Signature Date 1	0 30 2019