

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

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

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**The Committee To Defend The President**

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

**A. MEIER, CURT, , ,**

Mailing Address 4721 RD 18

City  
LAGRANGE

State  
WY

Zip Code  
82221-8410

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
STATE OF WYOMING

Occupation (for Individual)  
STATE TREASURER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 15 / 2019

**Transaction ID : SA11A.1799953**

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

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

**B. MELO, ANA-MARIA, , ,**

Mailing Address 894 RIVERSIDE DRIVE  
1F

City  
NEW YORK

State  
NY

Zip Code  
10032-5400

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 ▼

383.95

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 05 / 2019

**Transaction ID : SA11A.1796000**

Amount of Each Receipt this Period

5.00

☐ Memo Item  
CONTRIBUTION

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

**C. MELO, ANA-MARIA, , ,**

Mailing Address 894 RIVERSIDE DRIVE  
1F

City  
NEW YORK

State  
NY

Zip Code  
10032-5400

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 ▼

383.95

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 12 / 2019

**Transaction ID : SA11A.1799957**

Amount of Each Receipt this Period

10.00

☐ Memo Item  
CONTRIBUTION

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

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

65.00