

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 478

(check only one)

☒ 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. ANDERSON, EDWIN, , ,

Mailing Address 6337 GLEN HOLLOW DRIVE

City
LIBERTY TOWNSHIP

State
OH

Zip Code
45011-

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 ▼

228.50

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 04 / 2019

Transaction ID : SA11A.1683822

Amount of Each Receipt this Period

45.00

☐ Memo Item
CONTRIBUTION

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

B. ANDERSON, EILEEN, , ,

Mailing Address 4995 FILAMENT CT.

City
ROHNERT PARK

State
CA

Zip Code
94928-

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
INFORMATION REQUESTED

Occupation (for Individual)
INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 28 / 2019

Transaction ID : SA11A.1694294

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

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

C. ANDERSON, ERIC, , ,

Mailing Address 9001 CYPRESS TRAIL

City
SEMINOLE

State
FL

Zip Code
33777-

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 ▼

283.75

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 01 / 2019

Transaction ID : SA11A.1683823

Amount of Each Receipt this Period

5.00

☐ Memo Item
CONTRIBUTION

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

150.00

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