

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

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

FOR LINE NUMBER: PAGE 112 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. DAMBRA, AMANDA, , ,

Mailing Address 3512 SHADYCREST

City
PEARLAND

State
TX

Zip Code
77581-6124

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
MONDELEZ INT

Occupation (for Individual)
SALES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.75

Date of Receipt

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

Transaction ID : SA11A.1684801

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

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

B. DAMBRA, AMANDA, , ,

Mailing Address 3512 SHADYCREST

City
PEARLAND

State
TX

Zip Code
77581-6124

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
MONDELEZ INT

Occupation (for Individual)
SALES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.75

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 31 / 2019

Transaction ID : SA11A.1694733

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

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

C. DAMPIER, BYRON, , ,

Mailing Address 326 BROOKS WOOLSEY RD.

City
FAYETTEVILLE

State
GA

Zip Code
30215-7000

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
INFORMATION REQUESTED

Occupation (for Individual)
SALES

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 15 / 2019

Transaction ID : SA11A.1690994

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

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

150.00

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