

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

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

FOR LINE NUMBER: PAGE 151 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. GALBRAITH, STEVE, , ,

Mailing Address 5560 SHADY LANE

City
FLORENCE

State
OR

Zip Code
97439-8417

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 ▼

225.00

Date of Receipt

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

Transaction ID : SA11A.1698399

Amount of Each Receipt this Period

75.00

☐ Memo Item
CONTRIBUTION

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

B. GALITA, DAN, , ,

Mailing Address 9241 HIGHLAND DRIVE

City
BRECKSVILLE

State
OH

Zip Code
44141-2605

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
INFORMATION REQUESTED

Occupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 09 / 2019

Transaction ID : SA11A.1685362

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

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

C. GALITA, DAN, , ,

Mailing Address 9241 HIGHLAND DRIVE

City
BRECKSVILLE

State
OH

Zip Code
44141-2605

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
INFORMATION REQUESTED

Occupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID : SA11A.1694997

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

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

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

175.00