

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 291 OF 478

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 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. MOSES, MARGARITA, , ,

Mailing Address 5889 DEER CROSSING LN

City
QUINLANState
TXZip Code
75474-3641FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
EPIC HEALTH CARE SERVICESOccupation (for Individual)
R.N.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

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

Transaction ID : SA11A.1698618

Amount of Each Receipt this Period

150.00

☐ Memo Item
 CONTRIBUTION

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

B. MOULTON, RUSSELL, , ,

Mailing Address 3385 E 82ND ST

City
NEWAYGOState
MIZip Code
49337-9211FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
INFORMATION REQUESTEDOccupation (for Individual)
INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	30	/	2019

Transaction ID : SA11A.1695795

Amount of Each Receipt this Period

100.00

☐ Memo Item
 CONTRIBUTION

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

C. MUCCINO, VANESSA, , ,

Mailing Address 8522 TOWNE MANOR CT

City
ALEXANDRIAState
VAZip Code
22309-4503FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
CACI INCOccupation (for Individual)
INVESTIGATOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID : SA11A.1697736

Amount of Each Receipt this Period

100.00

☐ Memo Item
 CONTRIBUTION
SUBTOTAL of Receipts This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

350.00