24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	PAGE 1 OF 4 FOR SE OF FORM 24/48	
NAME OF COMMITTEE (In Full) The Committee To Defend The President	FEC IDENTIFICATION NUMBER ▼	
	C C00544767	
Check if 24-hour report X 48-hour report New report Amends report filed on		
Full Name of Payee CAMPAIGN SOLUTIONS	Date of Public Distribution/Dissemination	
Mailing Address 117 N SAINT ASAPH ST.	06 01 2017 Amount	
City State Zip Code	55000.00	
ALEXANDRIA VA 22314	Transaction ID : SE24.101834 Date of Disbursement or Obligation	
Purpose of Expenditure ESTIMATED JUNE ONLINE VOTER CONTACT Category/ Type	06	
Name of Federal Candidate Support	Office Sought: House District:	
TRUMP, DONALD, J, , Oppose	x President Senate State:	
Calendar Year-To-Date Per Election for Office Sought 916738.05	Disbursement For: Primary General 2020 Gther (specify) ►	
Full Name of Payee CAMPAIGN SOLUTIONS	Date of Public Distribution/Dissemination	
Mailing Address 117 N SAINT ASAPH ST.	06 01 2017 Amount	
City State 7in Code	47000.00	
City State Zip Code ALEXANDRIA VA 22314	47000.00 Transaction ID : SE24.101835 Date of Disbursement or Obligation	
Purpose of Expenditure ESTIMATED JUNE ONLINE DISTRIBUTION COSTS Category/ Type	06 / 01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Name of Federal Candidate Support	Office Sought: House District:	
TRUMP, DONALD, J, , Oppose	🗶 President Senate State:	
Calendar Year-To-Date Per Election for Office Sought 916738.05	Disbursement For: Primary General 2020 Gther (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures	102000.00	
(b) SUBTOTAL of Unitemized Independent Expenditures		
	7 7 7	
(c) TOTAL Independent Expenditures)	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.		
Backer, Dan, , , [Electronically Filed] Date	05 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Signature		

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule F)

Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	<u> </u>
The Committee To Defend The President	FEC IDENTIFICATION NUMBER ▼
	C C00544767
Check if 24-hour report 48-hour report New report Amends report file	ed on Man / Dab / Yayayay
Full Name of Payee	Date of Public Distribution/Dissemination
CAMPAIGN SOLUTIONS	M M / D D / Y Y Y Y
Mailing Address 117 N SAINT ASAPH ST.	06 01 2017
TIT IN GAINT AGAITTOT.	Amount
O'h	
City State Zip Code	62000.00
ALEXANDRIA VA 22314	Transaction ID : SE24.101836 Date of Disbursement or Obligation
Purpose of Expenditure Category/	M M / D D / Y Y Y Y
ESTIMATED JUNE LIST RENTAL FEES Category/ Type	06 01 2017
Name of Federal Candidate Support Offi	ce Sought: House District:
TRUMP DONALD J	
Oppose	President Senate State:
Calcinati Total To Bato	bursement For: Primary General
Per Election for Office Sought 916738.05 202	Other (specify)
Full Name of Payee	Date of Public Distribution/Dissemination
CAMPAIGN SOLUTIONS	M = M / D = D / Y = Y = Y
Mailing Address 117 N SAINT ASAPH ST	06012017
Mailing Address 117 N SAINT ASAPH ST.	Amount
City State Zip Code	5000.00
ALEXANDRIA VA 22314	Transaction ID : SE24.101837 Date of Disbursement or Obligation
Purpose of Expenditure Category/	Mam / Dad / Yayayay
ESTIMATED JUNE ONLINE VOTER CONTACT Type	06 01 2017
Name of Federal Candidate	0 11 00
Support Oili	ce Sought: House District: 00
KAINE, TIMOTHY, MICHAEL, ,	President Senate State: VA
200	bursement For: Primary 🗶 General
Per Election for Office Sought 72131.51	Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	67000.00
	7
(b) SUBTOTAL of Unitemized Independent Expenditures	
	-99
(c) TOTAL Independent Expenditures	
(b) TOTAL mooperidant Experiditates	7 7
Under penalty of perjury I certify that the independent expenditures reported herein were not r	· · · · · · · · · · · · · · · · · · ·
with, or at the request or suggestion of, any candidate or authorized committee or agent of eith party committee) any political party committee or its agent.	ner, or (if the reporting entity is not a political
party committee, any pointed party committee of its agent.	
Backer, Dan, , ,	/ M / D D / Y Y Y Y
[Electronically Filed] Date	05 30 2017
Signature	

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule F)

Schedule E)	FOR SE OF FORM 24/48	
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼	
The Committee To Defend The President		
	C C00544767	
Check if 24-hour report		
	ate of Public Distribution/Dissemination	
CAMPAIGN SOLUTIONS	M M / D D / Y Y Y Y	
Mailing Address 117 N SAINT ASAPH ST.	06 01 2017	
An	mount	
City State Zip Code	1000.00	
	ansaction ID : SE24.101838 ate of Disbursement or Obligation	
Purpose of Expenditure ESTIMATED JUNE ONLINE DISTRIBUTION COSTS Category/ Type	06 01 / 2017	
Name of Federal Candidate Support Office Soil	ught: House District:00	
KAINE, TIMOTHY, MICHAEL, ,	esident Senate State: VA	
Calendar Year-To-Date Per Election for Office Sought Disbursen 2018	ment For: Primary X General Other (specify) ▶	
Full Name of Payee CAMPAIGN SOLUTIONS	ate of Public Distribution/Dissemination	
CAMPAIGN SOLUTIONS	06 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Mailing Address 117 N SAINT ASAPH ST.	mount	
City State Zip Code ALEXANDRIA VA 22314 Tra	1500.00 Insaction ID : SE24.101839	
Da	ate of Disbursement or Obligation	
Purpose of Expenditure ESTIMATED JUNE LIST RENTAL FEES Category/ Type	06 / 01 / 2017	
Name of Federal Candidate Support Office So	ought: House District: 00	
KAINE, TIMOTHY, MICHAEL, ,	esident Senate State: VA	
Calendar Year-To-Date Per Election for Office Sought Disburser 2018	ment For: Primary	
(a) SUBTOTAL of Itemized Independent Expenditures	2500.00	
	7 7 7	
(b) SUBTOTAL of Unitemized Independent Expenditures	7 7	
(c) TOTAL Independent Expenditures		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.		
Backer, Dan, , , [Electronically Filed] Data 05	/ DID / YIYIY	
Signature [Electronically Filed] Date 05	30 2017	

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

Schedule E)	SHORLO	PAGE 4 OF 4 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
The Committee To Defend The President		C C00544767
Check if 24-hour report X 48-hour report X New re	port Amends report f	illed on M M M / D D / Y Y Y Y Y Y
Full Name of Payee INFOCISION MANAGEMENT CORPORATION	DN .	Date of Public Distribution/Dissemination
Mailing Address P.O. BOX 932441		06 01 2017 Amount
City State	Zip Code	25000.00
CLEVELAND OH	44193	Transaction ID : SE24.101840 Date of Disbursement or Obligation
Purpose of Expenditure ESTIMATED JUNE PHONE VOTER CONTACT	Category/ Type	06 01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support O	office Sought: House District:
TRUMP, DONALD, J, ,	Oppose	resident Senate State:
Calendar Year-To-Date Per Election for Office Sought		isbursement For: Primary
Full Name of Payee		Date of Public Distribution/Dissemination
Malling Address		M = M / D = D / Y = Y = Y
Mailing Address		Amount
City State	Zip Code	
Demonstration of Emperations	1	Date of Disbursement or Obligation
Purpose of Expenditure	Category/ Type	M = M / D = D / Y = Y = Y
Name of Federal Candidate	Support	Office Sought: House District:
	Oppose	President Senate State:
Calendar Year-To-Date Per Election for Office Sought	D	Oisbursement For: Primary General Other (specify) ▶
, ,		Ottlei (Specify)
(a) SUBTOTAL of Itemized Independent Expenditures		25000.00
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures	······································	196500.00
Under penalty of perjury I certify that the independent expenditure with, or at the request or suggestion of, any candidate or authorize party committee) any political party committee or its agent.		
	onically Filed] Date	05 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature		