

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

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

FOR LINE NUMBER: PAGE 148 OF 850

(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. CHRISTIANSEN, KAREN, , ,**

Mailing Address 925 S 200 E

City  
IVINS

State  
UT

Zip Code  
84738-5003

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF EMPLOYED

Occupation (for Individual)  
CUSTOMER SERVICE REP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 31 / 2020

**Transaction ID : SA11A.1944906**

Amount of Each Receipt this Period

1000.00

☐ Memo Item  
CONTRIBUTION

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

**B. CLARK, LINDA, , ,**

Mailing Address 450 CLARK ST

City  
OVIEDO

State  
FL

Zip Code  
32765-6718

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
OVIEDO PLUMBING

Occupation (for Individual)  
PLUMBER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 08 / 2020

**Transaction ID : SA11A.1950277**

Amount of Each Receipt this Period

35.00

☐ Memo Item  
CONTRIBUTION

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

**C. CLARK, LINDA, , ,**

Mailing Address 450 CLARK ST

City  
OVIEDO

State  
FL

Zip Code  
32765-6718

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
OVIEDO PLUMBING

Occupation (for Individual)  
PLUMBER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 20 / 2020

**Transaction ID : SA11A.1954275**

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)..... ►

1085.00