

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

NAME OF COMMITTEE (In Full) The Committee To Defend The President
FEC IDENTIFICATION NUMBER C C00544767
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee CAMPAIGN HQ
Mailing Address P.O. BOX 257
City BROOKLYN State IA Zip Code 52211
Purpose of Expenditure ESTIMATED OCTOBER PHONE VOTER CONTACT
Name of Federal Candidate TRUMP, DONALD, J, Support
Calendar Year-To-Date Per Election for Office Sought 1663527.43

Date of Public Distribution/Dissemination 10/01/2018
Amount 25000.00
Transaction ID : SE24.139714
Date of Disbursement or Obligation 10/01/2018
Office Sought: President
Disbursement For: General

Full Name of Payee CAMPAIGN SOLUTIONS
Mailing Address 117 N SAINT ASAPH ST.
City ALEXANDRIA State VA Zip Code 22314
Purpose of Expenditure ESTIMATED OCTOBER ONLINE VOTER CONTACT
Name of Federal Candidate TRUMP, DONALD, J, Support
Calendar Year-To-Date Per Election for Office Sought 1663527.43

Date of Public Distribution/Dissemination 10/01/2018
Amount 20000.00
Transaction ID : SE24.139715
Date of Disbursement or Obligation 10/01/2018
Office Sought: President
Disbursement For: General

(a) SUBTOTAL of Itemized Independent Expenditures 45000.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(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, , Signature [Electronically Filed] Date 10/01/2018

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Full Name of Payee CAMPAIGN SOLUTIONS
Mailing Address 117 N SAINT ASAPH ST.
City ALEXANDRIA State VA Zip Code 22314
Purpose of Expenditure ESTIMATED OCTOBER ONLINE DISTRIBUTION COSTS
Name of Federal Candidate TRUMP, DONALD, J, Support
Calendar Year-To-Date Per Election for Office Sought 1663527.43

Date of Public Distribution/Dissemination 10/01/2018
Amount 30000.00
Transaction ID : SE24.139716
Date of Disbursement or Obligation 10/01/2018
Office Sought: President
Disbursement For: General

Full Name of Payee CAMPAIGN SOLUTIONS
Mailing Address 117 N SAINT ASAPH ST.
City ALEXANDRIA State VA Zip Code 22314
Purpose of Expenditure ESTIMATED OCTOBER LIST RENTAL FEES
Name of Federal Candidate TRUMP, DONALD, J, Support
Calendar Year-To-Date Per Election for Office Sought 1663527.43

Date of Public Distribution/Dissemination 10/01/2018
Amount 70000.00
Transaction ID : SE24.139717
Date of Disbursement or Obligation 10/01/2018
Office Sought: President
Disbursement For: General

(a) SUBTOTAL of Itemized Independent Expenditures 100000.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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Full Name of Payee CONNELL DONATELLI, INC.
Mailing Address 117 NORTH SAINT ASAPH STREET
City ALEXANDRIA State VA Zip Code 22314
Purpose of Expenditure ESTIMATED OCTOBER ONLINE VOTER CONTACT
Date of Public Distribution/Dissemination 10/01/2018
Amount 2000.00
Transaction ID : SE24.139718
Date of Disbursement or Obligation 10/01/2018
Name of Federal Candidate TRUMP, DONALD, J, Support
Office Sought: President
Disbursement For: General

Full Name of Payee FACEBOOK, INC.
Mailing Address 1 HACKER WAY
City MENLO PARK State CA Zip Code 94025
Purpose of Expenditure ESTIMATED OCTOBER ONLINE VOTER CONTACT
Date of Public Distribution/Dissemination 10/01/2018
Amount 1000.00
Transaction ID : SE24.139719
Date of Disbursement or Obligation 10/01/2018
Name of Federal Candidate TRUMP, DONALD, J, Support
Office Sought: President
Disbursement For: General

(a) SUBTOTAL of Itemized Independent Expenditures 21000.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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Check if 24-hour report [] 48-hour report [x] New report [x] Amends report filed on [] / [] / []

Full Name of Payee INFOCISION MANAGEMENT CORPORATION
Mailing Address P.O. BOX 932441
City CLEVELAND State OH Zip Code 44193
Purpose of Expenditure ESTIMATED OCTOBER PHONE VOTER CONTACT
Name of Federal Candidate TRUMP, DONALD, J, , [x] Support [] Oppose
Calendar Year-To-Date Per Election for Office Sought 1663527.43

Date of Public Distribution/Dissemination 10 / 01 / 2018
Amount 5000.00
Transaction ID : SE24.139720
Date of Disbursement or Obligation 10 / 01 / 2018
Office Sought: [] House District: [] [x] President [] Senate State: []
Disbursement For: [] Primary [x] General 2020 [] Other (specify) ▶

Full Name of Payee RIGHT COUNTRY LISTS
Mailing Address 117 NORTH SAINT ASAPH STREET
City ALEXANDRIA State VA Zip Code 22314
Purpose of Expenditure ESTIMATED OCTOBER ONLINE VOTER CONTACT
Name of Federal Candidate TRUMP, DONALD, J, , [x] Support [] Oppose
Calendar Year-To-Date Per Election for Office Sought 1663527.43

Date of Public Distribution/Dissemination 10 / 01 / 2018
Amount 1000.00
Transaction ID : SE24.139721
Date of Disbursement or Obligation 10 / 01 / 2018
Office Sought: [] House District: [] [x] President [] Senate State: []
Disbursement For: [] Primary [x] General 2020 [] Other (specify) ▶

Table with 2 columns: Description and Amount. (a) SUBTOTAL of Itemized Independent Expenditures 6000.00, (b) SUBTOTAL of Unitemized Independent Expenditures, (c) TOTAL Independent Expenditures

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Full Name of Payee RRTVMEDIA, LLC
Mailing Address P.O. BOX 36819
City CANTON State OH Zip Code 44735
Purpose of Expenditure ESTIMATED OCTOBER TELEVISION ADVERTISING
Name of Federal Candidate TRUMP, DONALD, J, Support
Calendar Year-To-Date Per Election for Office Sought 1663527.43

Date of Public Distribution/Dissemination 10/01/2018
Amount 5000.00
Transaction ID : SE24.139722
Date of Disbursement or Obligation 10/01/2018
Office Sought: President
Disbursement For: General

Full Name of Payee
Mailing Address
City State Zip Code
Purpose of Expenditure
Name of Federal Candidate
Calendar Year-To-Date Per Election for Office Sought

Date of Public Distribution/Dissemination
Amount
Date of Disbursement or Obligation
Office Sought:
Disbursement For:

Table with 2 columns: Description and Amount. (a) SUBTOTAL of Itemized Independent Expenditures 5000.00, (b) SUBTOTAL of Unitemized Independent Expenditures, (c) TOTAL Independent Expenditures 177000.00

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Signature