

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

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

FOR LINE NUMBER: PAGE 253 OF 867

(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. FIELD, JACKIE, , ,**

Mailing Address 24204 DALGO DR.

City  
VALENCIA

State  
CA

Zip Code  
91355-1915

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
YOGAWORKS

Occupation (for Individual)  
FITNESS PROFESSIONAL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 12 / 2019

Transaction ID : SA11A.1735109

Amount of Each Receipt this Period

25.00

☐ Memo Item  
CONTRIBUTION

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

**B. FIELDS, SCOTT, , ,**

Mailing Address 209 CHILDERS RD

City  
SMITHVILLE

State  
GA

Zip Code  
31787-2503

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
INFORMATION REQUESTED

Occupation (for Individual)  
INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 15 / 2019

Transaction ID : SA11A.1733467

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

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

**C. FINCH, PATRICIA, ANN, ,**

Mailing Address 43 WOLF RIDGE DRIVE

City  
HOLLAND

State  
OH

Zip Code  
43528-9467

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 ▼

557.50

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 23 / 2019

Transaction ID : SA11A.1727359

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

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

175.00

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