

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

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

FOR LINE NUMBER: PAGE 323 OF 867

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

The Committee To Defend The President

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

A. HALL, MARY, , ,

Mailing Address 74801 HOVLEY LN E
10955

City
PALM DESERT

State
CA

Zip Code
92255-7001

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
MISSION HEALTHCARE

Occupation (for Individual)
REGISTERED NURSE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.20

Date of Receipt

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

Transaction ID : SA11A.1728260

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

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

B. HALL, MARY, , ,

Mailing Address 74801 HOVLEY LN E
10955

City
PALM DESERT

State
CA

Zip Code
92255-7001

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
MISSION HEALTHCARE

Occupation (for Individual)
REGISTERED NURSE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.20

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 10 / 2019

Transaction ID : SA11A.1728261

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

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

C. HALL, OLLABELLE, , ,

Mailing Address 3603 MEADOW LAKE LANE

City
HOUSTON

State
TX

Zip Code
77027-4110

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NONE

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 11 / 2019

Transaction ID : SA11A.1720814

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶

100.00

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