

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

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

FOR LINE NUMBER:  
(check only one)

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☒ 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. MEFFORD, DEAN, , ,**

Mailing Address 517 CHAPMAN  
P.O. BOX 672

City  
EDWARDSVILLE

State  
IL

Zip Code  
62025-1860

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 ▼

1255.00

Date of Receipt

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

**Transaction ID : SA11A.1723850**

Amount of Each Receipt this Period

25.00

☐ Memo Item  
CONTRIBUTION

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

**B. MEIER, CURT, , ,**

Mailing Address 4721 ROAD 18

City  
LAGRANGE

State  
WY

Zip Code  
82221-8410

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
STAT OF WYOMING

Occupation (for Individual)  
STATE TREASER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

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

**Transaction ID : SA11A.1733355**

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

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

**C. MEIER, CURT, , ,**

Mailing Address 4721 ROAD 18

City  
LAGRANGE

State  
WY

Zip Code  
82221-8410

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
STAT OF WYOMING

Occupation (for Individual)  
STATE TREASER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

750.00

Date of Receipt

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

**Transaction ID : SA11A.1735547**

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)..... ►

175.00