

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

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

FOR LINE NUMBER: PAGE 517 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. MOSES, MARGARITA, , ,

Mailing Address 5889 DEER CROSSING LN

City
QUINLAN

State
TX

Zip Code
75474-3641

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
EPIC HEALTH CARE SERVICES

Occupation (for Individual)
R.N.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

675.00

Date of Receipt

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

Transaction ID : SA11A.1726157

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

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

B. MUCCINO, VANESSA, , ,

Mailing Address 8522 TOWNE MANOR CT

City
ALEXANDRIA

State
VA

Zip Code
22309-4503

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
CHCI

Occupation (for Individual)
INVESTIGATOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 02 / 2019

Transaction ID : SA11A.1732351

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

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

C. MUCCINO, VANESSA, , ,

Mailing Address 8522 TOWNE MANOR CT

City
ALEXANDRIA

State
VA

Zip Code
22309-4503

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
CHCI

Occupation (for Individual)
INVESTIGATOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

600.00

Date of Receipt

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

Transaction ID : SA11A.1733301

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

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

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

300.00