

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

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

FOR LINE NUMBER: PAGE 530 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. NELL, SHARON, , ,**

Mailing Address 401 HWY A1A  
131

City  
SATELLITE BEACH

State  
FL

Zip Code  
32937-2307

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 ▼

250.00

Date of Receipt

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

**Transaction ID : SA11A.1722665**

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

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

**B. NELSON, DONALD, , ,**

Mailing Address 30 STONEBRIDGE WAY

City  
EAST BRIDGEWATER

State  
MA

Zip Code  
02333-1561

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
MA. DPU/EPD

Occupation (for Individual)  
PUBLIC UTILITIES ENGINEER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

**Transaction ID : SA11A.1735549**

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

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

**C. NELSON, KATHY, , ,**

Mailing Address 6438 E WACO

City  
SYRACUSE

State  
IN

Zip Code  
46567-9433

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED NURSE

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 01 / 2019

**Transaction ID : SA11A.1733645**

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)..... ►

150.00