

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

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

FOR LINE NUMBER: PAGE 710 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. SPENCE, CORINNE, , ,

Mailing Address 1508 EUREKA RD

City  
ROSEVILLEState  
CAZip Code  
95661-2809FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 24 / 2019

Transaction ID : SA11A.1718436

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

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

B. SPENCER, SHIRLEY, , ,

Mailing Address 7825 QUARRY CLIFF COURT

City  
REYNOLDSBURGState  
OHZip Code  
43068-7251FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NLMMOccupation (for Individual)  
PRESIDENT OF FIELD OPERATIONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

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

Transaction ID : SA11A.1730310

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

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

C. SPENCER, SHIRLEY, , ,

Mailing Address 7825 QUARRY CLIFF COURT

City  
REYNOLDSBURGState  
OHZip Code  
43068-7251FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NLMMOccupation (for Individual)  
PRESIDENT OF FIELD OPERATIONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

450.00

Date of Receipt

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

Transaction ID : SA11A.1730311

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

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

150.00

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