

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

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

FOR LINE NUMBER: PAGE 629 OF 1035

(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. MORTIMORE, MARK, , ,

Mailing Address 624 ARAPAHOE

City
THERMOPOLISState
WYZip Code
82443-2712FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
MORTIMORE AMBULANCEOccupation (for Individual)
EMT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

410.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 19 / 2020

Transaction ID : SA11A.1979688

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

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

B. MORTIMORE, MARK, , ,

Mailing Address 624 ARAPAHOE

City
THERMOPOLISState
WYZip Code
82443-2712FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
MORTIMORE AMBULANCEOccupation (for Individual)
EMT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

410.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 15 / 2020

Transaction ID : SA11A.1979689

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

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

C. MORTIMORE, MARK, , ,

Mailing Address 624 ARAPAHOE

City
THERMOPOLISState
WYZip Code
82443-2712FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
MORTIMORE AMBULANCEOccupation (for Individual)
EMT

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

410.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 30 / 2020

Transaction ID : SA11A.1986223

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).....▶