

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

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

FOR LINE NUMBER: PAGE 875 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. SWITZER, JOANN, , ,

Mailing Address 14035 SE 141 AVE.

City  
CLACKAMAS

State  
OR

Zip Code  
97015-6369

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 ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 03 / 2020

Transaction ID : SA11A.1972757

Amount of Each Receipt this Period

15.00

☐ Memo Item  
CONTRIBUTION

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

B. SWITZER, JOANN, , ,

Mailing Address 14035 SE 141 AVE.

City  
CLACKAMAS

State  
OR

Zip Code  
97015-6369

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 ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 10 / 2020

Transaction ID : SA11A.1976830

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

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

C. SZABO, MARIANNA, , ,

Mailing Address 9700 N. WILLOW AVE

City  
TAMPA

State  
FL

Zip Code  
33612-7762

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
MID-FLORIDA PATHOLOGY

Occupation (for Individual)  
PATHOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

305.00

Date of Receipt

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

Transaction ID : SA11A.1979919

Amount of Each Receipt this Period

75.00

☐ Memo Item  
CONTRIBUTION

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

190.00

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