

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

Committee to Defend the President

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2016"/>		126048.43
(b) Cash on Hand at Beginning of Reporting Period.....	45900.30	
(c) Total Receipts (from Line 19)	34088.51	195541.90
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	79988.81	321590.33
7. Total Disbursements (from Line 31).....	40904.25	282505.77
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	39084.56	39084.56
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	5400.00	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

Committee to Defend the President

Report Covering the Period: From: / / To: / /

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	0.00	500.00
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	0.00	500.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	0.00	500.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	18.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	34088.51	195023.90
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	34088.51	195541.90
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	34088.51	195541.90

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	5962.80
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	5962.80
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	2000.00
24. Independent Expenditures (use Schedule E)	14890.73	77398.24
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	2672.63	4989.68
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	2672.63	4989.68
29. Other Disbursements (Including Non-Federal Donations).....	23340.89	192155.05
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	40904.25	282505.77
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	40904.25	282505.77

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	0.00	500.00
34. Total Contribution Refunds (from Line 28(d))	2672.63	4989.68
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	- 2672.63	- 4489.68
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	5962.80
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	18.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	5944.80

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: F3XA
Transaction ID :

Resulting amendment from prior amendments.

Form/Schedule:
Transaction ID:

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 7 OF 35
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. ANDERSON, GAIL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 416 UNION AVENUE

City SARATOGA SPRINGS	State NY	Zip Code 12866-6422
--------------------------	-------------	------------------------

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 ▼
1850.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 08 / 2016
Transaction ID : SA17.310689

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

B. ANDERSON, GAIL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 416 UNION AVENUE

City SARATOGA SPRINGS	State NY	Zip Code 12866-6422
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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 ▼
1850.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 08 / 2016
Transaction ID : SA17.310690

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

C. BRESNIK, ALBERT R., , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2224 24TH STREET

City SANTA MONICA	State CA	Zip Code 90405-1811
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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 ▼
353.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 05 / 2016
Transaction ID : SA17.310595

Amount of Each Receipt this Period
50.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	550.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 8 OF 35
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. CARROLL JR., DR. GEORGE B, , ,			Date of Receipt MM / DD / YYYY 05 / 05 / 2016
Mailing Address POB 2582			Transaction ID : SA17.310207
City CORRALES	State NM	Zip Code 87048-2582	Amount of Each Receipt this Period 25.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item CONTRIBUTION
Name of Employer (for Individual) RETIRED		Occupation (for Individual) RETIRED	NON CONTRIBUTION ACCOUNT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. CARROLL JR., DR. GEORGE B, , ,			Date of Receipt MM / DD / YYYY 05 / 26 / 2016
Mailing Address POB 2582			Transaction ID : SA17.311081
City CORRALES	State NM	Zip Code 87048-2582	Amount of Each Receipt this Period 25.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item CONTRIBUTION
Name of Employer (for Individual) RETIRED		Occupation (for Individual) RETIRED	NON CONTRIBUTION ACCOUNT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. CARSON, TOD, , ,			Date of Receipt MM / DD / YYYY 05 / 04 / 2016
Mailing Address 1260 N WETHERLY DRIVE			Transaction ID : SA17.310686
City LOS ANGELES	State CA	Zip Code 90069-1816	Amount of Each Receipt this Period 200.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item CONTRIBUTION
Name of Employer (for Individual) SELF		Occupation (for Individual) MERCHANT	NON CONTRIBUTION ACCOUNT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 450.00		

SUBTOTAL of Receipts This Page (optional).....▶	250.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 9 OF 35
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. COOPER, CURT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2460 WHITE OAK PLACE
 City DANVILLE State CA Zip Code 94506-2040
 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 ▼ 310.00

Date of Receipt **05 / 05 / 2016**
Transaction ID : SA17.310660
 Amount of Each Receipt this Period 100.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. CROUL, JAMES, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. BOX 143
 206 BITTERROOT RD
 City SUN VALLEY State ID Zip Code 83353-
 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 **05 / 29 / 2016**
Transaction ID : SA17.311162
 Amount of Each Receipt this Period 100.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. DONEY, JACK, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 310 SOUTHWEST SECOND STREET
 SUITE 201
 City MIAMI State OK Zip Code 74354-
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) MEDICAL DOCTOR
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **05 / 05 / 2016**
Transaction ID : SA17.310691
 Amount of Each Receipt this Period 500.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	700.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 10 OF 35
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. GREEN, CHRISTY, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 506 CHRISTINE DRIVE

City VACAVILLE	State CA	Zip Code 95687-4339
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SOLANO COMMUNITY COLLEGE	Occupation (for Individual) CHEMISTRY LAB TECHNICIAN
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	05	/	2016

Transaction ID : SA17.310604

Amount of Each Receipt this Period
50.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

B. HUANG, DAVID LK, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1462 25TH AVE

City SAN FRANCISCO	State CA	Zip Code 94122-3318
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) YU TONG	Occupation (for Individual) PROPERTY MANAGER
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
970.55

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	17	/	2016

Transaction ID : SA17.310885

Amount of Each Receipt this Period
10.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

C. JAMIESON, BRUCE, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8600 SKYLINE DR.
1225

City DALLAS	State TX	Zip Code 75243-4171
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
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Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	05	/	2016

Transaction ID : SA17.310668

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	160.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 11 OF 35
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
JOHNSON, ROBERTA, , ,

Mailing Address 660 E. BULLOCH ST.

City WASHINGTON	State UT	Zip Code 84780-2303
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
275.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		05		2016

Transaction ID : SA17.310244

Amount of Each Receipt this Period
25.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
JOHNSON, ROBERTA, , ,

Mailing Address 660 E. BULLOCH ST.

City WASHINGTON	State UT	Zip Code 84780-2303
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
275.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		05		2016

Transaction ID : SA17.310636

Amount of Each Receipt this Period
50.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
JOHNSON, ROBERTA, , ,

Mailing Address 660 E. BULLOCH ST.

City WASHINGTON	State UT	Zip Code 84780-2303
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
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Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
275.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		09		2016

Transaction ID : SA17.310647

Amount of Each Receipt this Period
50.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	125.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 12 OF 35
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. KOEHNEN, YVONNE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3191 HIWAY 45
 City GLENN State CA Zip Code 95943-9653
 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 ▼ 280.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 05 / 2016
Transaction ID : SA17.309915
 Amount of Each Receipt this Period 10.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. KRAMBECK, JOAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1121 ST. RT. 588
 City GALLIPOLIS State OH Zip Code 45631-
 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 M / D D D / Y Y Y Y Y Y
 05 / 05 / 2016
Transaction ID : SA17.310603
 Amount of Each Receipt this Period 50.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. KRUEGER, KRISTINE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8170 JOHN PECTOL ROAD
 City GEORGETOWN State IN Zip Code 47122-9705
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UNIVERSITY OF LOUISVILLE Occupation (for Individual) PHYSICIAN
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 05 / 2016
Transaction ID : SA17.310658
 Amount of Each Receipt this Period 100.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶	160.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 13 OF 35
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. LUDWIG, CAROLYN, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5104

City COLLEYVILLE	State TX	Zip Code 76034-
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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 M	/	D D D	/	Y Y Y Y Y Y
05	/	10	/	2016

Transaction ID : SA17.310841

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

B. MASETTI, PAOLO, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 848 CARILLON CT

City CREVE COEUR	State MO	Zip Code 63141-6316
---------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) IPC BJC ST LOUIS	Occupation (for Individual) M.D.
---	-------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
325.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	05	/	2016

Transaction ID : SA17.310420

Amount of Each Receipt this Period
25.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

C. MASETTI, PAOLO, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 848 CARILLON CT

City CREVE COEUR	State MO	Zip Code 63141-6316
---------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) IPC BJC ST LOUIS	Occupation (for Individual) M.D.
---	-------------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
325.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	11	/	2016

Transaction ID : SA17.310777

Amount of Each Receipt this Period
25.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	300.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 14 OF 35
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. MASETTI, PAOLO, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 848 CARILLON CT
 City CREVE COEUR State MO Zip Code 63141-6316
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) IPC BJC ST LOUIS Occupation (for Individual) M.D.
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt **05 / 12 / 2016**
Transaction ID : SA17.310813
 Amount of Each Receipt this Period 25.00
 Memo Item
CONTRIBUTION
NON CONTRIBUTION ACCOUNT

B. MASETTI, PAOLO, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 848 CARILLON CT
 City CREVE COEUR State MO Zip Code 63141-6316
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) IPC BJC ST LOUIS Occupation (for Individual) M.D.
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt **05 / 20 / 2016**
Transaction ID : SA17.310947
 Amount of Each Receipt this Period 25.00
 Memo Item
CONTRIBUTION
NON CONTRIBUTION ACCOUNT

C. MASETTI, PAOLO, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 848 CARILLON CT
 City CREVE COEUR State MO Zip Code 63141-6316
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) IPC BJC ST LOUIS Occupation (for Individual) M.D.
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt **05 / 26 / 2016**
Transaction ID : SA17.311106
 Amount of Each Receipt this Period 25.00
 Memo Item
CONTRIBUTION
NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	75.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 15 OF 35
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. MEUSER, ELIZABETH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5040 NW 54TH STREET
 City COCONUT CREEK State FL Zip Code 33073-3713
 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 ▼ 300.00

Date of Receipt **05 / 05 / 2016**
Transaction ID : SA17.310662
 Amount of Each Receipt this Period 100.00
 Memo Item CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. MOORE, TERRY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 305 MONARC COVE
 City CEDAR PARK State TX Zip Code 78613-2106
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MOORE AND ASSOC. Occupation (for Individual) SELF
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 245.00

Date of Receipt **05 / 27 / 2016**
Transaction ID : SA17.311045
 Amount of Each Receipt this Period 10.00
 Memo Item CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. NOLL, (JOHN) DAVID, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. BOX 1198
 City BIG TIMBER State MT Zip Code 59011-1198
 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 ▼ 1000.00

Date of Receipt **05 / 05 / 2016**
Transaction ID : SA17.310692
 Amount of Each Receipt this Period 1000.00
 Memo Item CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	1110.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 16 OF 35
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. RODACK, MARK, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 16051COLLINS AVE
 3503
 City NORTH MIAMI BEACH State FL Zip Code 33160-4505
 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 ▼ 950.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 26 / 2016
Transaction ID : SA17.311158
 Amount of Each Receipt this Period
 100.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. ROOZEN, MICHAEL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 453 SILVER SHADOW DRIVE
 City SAN MARCOS State CA Zip Code 92078-4457
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) OWNER/RUBBERSTAMPCHAMP.COM Occupation (for Individual) BUSINESS OWNER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 05 / 2016
Transaction ID : SA17.310687
 Amount of Each Receipt this Period
 250.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. SANDS, LEO, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3223 PERRY ST
 City DENVER State CO Zip Code 80212-1729
 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 ▼ 245.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 05 / 2016
Transaction ID : SA17.310537
 Amount of Each Receipt this Period
 40.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	390.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 17 OF 35
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. SCHMIDT, STANLEY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. BOX 137
 City DALLAS State OR Zip Code 97338-0137
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) STATE FARM AGENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 09 / 2016
Transaction ID : SA17.310496
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. SCHMIDT, STANLEY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. BOX 137
 City DALLAS State OR Zip Code 97338-0137
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) STATE FARM AGENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 28 / 2016
Transaction ID : SA17.311156
 Amount of Each Receipt this Period 50.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. SHACKLEY, DOUGLAS, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3408 STREAMSIDE CIR
 City PLEASANTON State CA Zip Code 94588-
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) PACIFIC AUXILIARY FIRE ALARM CO.. Occupation (for Individual) BUSINESS OWNER
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 290.16

Date of Receipt 05 / 05 / 2016
Transaction ID : SA17.309889
 Amount of Each Receipt this Period 10.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶ 85.00
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 18 OF 35
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. SHACKLEY, DOUGLAS, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3408 STREAMSIDE CIR

City PLEASANTON	State CA	Zip Code 94588-
--------------------	-------------	--------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) PACIFIC AUXILARY FIRE ALARM CO..	Occupation (for Individual) BUSINESS OWNER
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
290.16

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	05	/	2016

Transaction ID : SA17.310158

Amount of Each Receipt this Period
15.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

B. SHACKLEY, DOUGLAS, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3408 STREAMSIDE CIR

City PLEASANTON	State CA	Zip Code 94588-
--------------------	-------------	--------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) PACIFIC AUXILARY FIRE ALARM CO..	Occupation (for Individual) BUSINESS OWNER
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
290.16

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	26	/	2016

Transaction ID : SA17.311086

Amount of Each Receipt this Period
25.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

C. SIMEK, LAUREN, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3100 N. BROOK HILLS DRIVE

City GREEN BAY	State WI	Zip Code 54313-8280
-------------------	-------------	------------------------

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 ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	05	/	2016

Transaction ID : SA17.310688

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	290.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 19 OF 35
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. SMYTHE, RICHARD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1131 RAMILLO AVE
 City LONG BEACH State CA Zip Code 90815-4353
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) RETAILER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 340.00

Date of Receipt **05 / 05 / 2016**
Transaction ID : SA17.310661
 Amount of Each Receipt this Period 100.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. TEUFEL, DENNIS, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O.BOX 5596
 City SCOTTSDALE State AZ Zip Code 85261-
 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 ▼ 260.00

Date of Receipt **05 / 05 / 2016**
Transaction ID : SA17.310597
 Amount of Each Receipt this Period 50.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. TUTTLE, LEE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4718 HALLMARK DR. 102
 City HOUSTON State TX Zip Code 77056-
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 545.00

Date of Receipt **05 / 05 / 2016**
Transaction ID : SA17.310217
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶ 175.00
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 20 OF 35
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. TUTTLE, LEE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4718 HALLMARK DR.
 102
 City HOUSTON State TX Zip Code 77056-
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 545.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 20 / 2016
Transaction ID : SA17.310934
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. TUTTLE, LEE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4718 HALLMARK DR.
 102
 City HOUSTON State TX Zip Code 77056-
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 545.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 26 / 2016
Transaction ID : SA17.311104
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. WEBER, EDWARD, V., MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P O BOX 1165
 City PORT EWEN State NY Zip Code 12466-1165
 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 ▼ 650.16

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 12 / 2016
Transaction ID : SA17.310790
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	75.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 21 OF 35
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. WEBER, EDWARD, V., MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P O BOX 1165
 City PORT EWEN State NY Zip Code 12466-1165
 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 ▼ 650.16

Date of Receipt **05 / 20 / 2016**
Transaction ID : SA17.310935
 Amount of Each Receipt this Period 25.00
 Memo Item CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. WEBER, EDWARD, V., MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P O BOX 1165
 City PORT EWEN State NY Zip Code 12466-1165
 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 ▼ 650.16

Date of Receipt **05 / 26 / 2016**
Transaction ID : SA17.311105
 Amount of Each Receipt this Period 25.00
 Memo Item CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. WEEKES, WALLACE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6208 CEDARBROOK DRIVE
 City LAS VEGAS State NV Zip Code 89146-1112
 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 **05 / 05 / 2016**
Transaction ID : SA17.310600
 Amount of Each Receipt this Period 50.00
 Memo Item CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶	100.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 22 OF 35
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. WRIGHT, KARRIE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 14 E 75TH ST
 7E
 City NEW YORK State NY Zip Code 10021-2625
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) SELF
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 05 / 2016
Transaction ID : SA17.310205
 Amount of Each Receipt this Period
 25.00
 Memo Item
CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. WYANT, MARTHA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10606 DEER RUN
 City COLLEGE STATION State TX Zip Code 77845-7841
 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 ▼ 475.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 05 / 2016
Transaction ID : SA17.310675
 Amount of Each Receipt this Period
 100.00
 Memo Item
CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. WYANT, MARTHA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10606 DEER RUN
 City COLLEGE STATION State TX Zip Code 77845-7841
 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 ▼ 475.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 09 / 2016
Transaction ID : SA17.310684
 Amount of Each Receipt this Period
 100.00
 Memo Item
CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	225.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 23 OF 35
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
WYNNE, WILLARD, , ,

Mailing Address 473 NANCY JACK ROAD

City GERRARDSTOWN	State WV	Zip Code 25420-3826
----------------------	-------------	------------------------

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 ▼
210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		09		2016

Transaction ID : SA17.310640

Amount of Each Receipt this Period
50.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
YAZDAN,MD, DAVID, , ,

Mailing Address 1 CHANNEL DR.
1013 1013

City MONMOUTH BEACH	State NJ	Zip Code 07750-1365
------------------------	-------------	------------------------

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 ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		05		2016

Transaction ID : SA17.310659

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

Mailing Address

City	State	Zip Code
------	-------	----------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....	150.00
TOTAL This Period (last page this line number only).....	4920.00

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. WELCH, PETER, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 2217 SW 15TH PLACE

City DEERFIELD BEACH State FL Zip Code 33442

Purpose of Disbursement CAREY ACCT: REFUND OF CONTRIBUTION

Candidate Name

Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 05 / 16 / 2016

FEC Identification Number: C

Transaction ID : SB28A.I8518f

Amount of Each Disbursement this Period: 2016.00

Memo Item

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement:

FEC Identification Number: C

Amount of Each Disbursement this Period:

Memo Item

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement:

FEC Identification Number: C

Amount of Each Disbursement this Period:

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	2016.00
TOTAL This Period (last page this line number only).....▶	2016.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

Full Name (Last, First, Middle Initial) A. FERGUSON, DONNY, , ,		Date of Disbursement MM / DD / YYYY 05 / 02 / 2016
Mailing Address 101 SKYHILL ROAD #203		FEC Identification Number C [REDACTED] Transaction ID : SB29.I85185 Amount of Each Disbursement this Period 2000.00
City ALEXANDRIA	State VA	Zip Code 22314
Purpose of Disbursement CAREY ACCT: POLITICAL AND CONTENT SERVICES CONSULTING		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. HARVEY, TED, , ,		Date of Disbursement MM / DD / YYYY 05 / 17 / 2016
Mailing Address 3010 WYECLIFF LANE		FEC Identification Number C [REDACTED] Transaction ID : SB29.I85189 Amount of Each Disbursement this Period 3000.00
City HIGHLANDS RANCH	State CO	Zip Code 80126
Purpose of Disbursement CAREY ACCCT: PAC MANAGEMENT CONSULTING		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. CAMPAIGN SOLUTIONS		Date of Disbursement MM / DD / YYYY 05 / 16 / 2016
Mailing Address 117 N. SAINT ASAPH ST		FEC Identification Number C [REDACTED] Transaction ID : SB29.I85188 Amount of Each Disbursement this Period 50.00
City ALEXANDRIA	State VA	Zip Code 22314
Purpose of Disbursement CAREY ACCT: PAYMENT PROCESSING FEES		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	5050.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Committee to Defend the President

Full Name (Last, First, Middle Initial)
A. CAMPAIGN SOLUTIONS

Mailing Address 117 N. SAINT ASAPH ST

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
CAREY ACCT: CREATIVE AND DEPLOYMENT SERVICES

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement
MM / DD / YYYY
05 / 16 / 2016

FEC Identification Number
C
Transaction ID : SB29.I85259
Amount of Each Disbursement this Period
7281.11

Memo Item

Full Name (Last, First, Middle Initial)
B. DB CAPITOL STRATEGIES

Mailing Address 203 SOUTH UNION ST STE 300
SUITE 300

City ALEXANDRIA State VA Zip Code 22314-3356

Purpose of Disbursement
CAREY ACCT: REIMBURSEMENTS (SEE BELOW)

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement
MM / DD / YYYY
05 / 24 / 2016

FEC Identification Number
C
Transaction ID : SB29.I85190
Amount of Each Disbursement this Period
897.00

Memo Item

Full Name (Last, First, Middle Initial)
C. DELANO, JOSH, , ,

Mailing Address P.O. BOX 423

City ORANGEFIELD State TX Zip Code 77639

Purpose of Disbursement
CAREY ACCT: MEDIA SERVICES

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement
MM / DD / YYYY
05 / 24 / 2016

FEC Identification Number
C
Transaction ID : SB29.I85193
Amount of Each Disbursement this Period
675.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 8178.11

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

Full Name (Last, First, Middle Initial)

A. USPS

Mailing Address 475 L'ENFANT PLAZA SW

City WASHINGTON State DC Zip Code 20260

Purpose of Disbursement CAREY ACCT: POSTAGE

Candidate Name

Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) ▼
 State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
05 / 19 / 2016

FEC Identification Number

C
Transaction ID : SB29.I85192
 Amount of Each Disbursement this Period
 162.00

Memo Item

Full Name (Last, First, Middle Initial)

B. DB CAPITOL STRATEGIES

Mailing Address 203 SOUTH UNION ST STE 300 SUITE 300

City ALEXANDRIA State VA Zip Code 22314-3356

Purpose of Disbursement CAREY ACCT: LEGAL AND COMPLIANCE SERVICES

Candidate Name

Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) ▼
 State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
05 / 24 / 2016

FEC Identification Number

C
Transaction ID : SB29.I85194
 Amount of Each Disbursement this Period
 5000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. DB CAPITOL STRATEGIES

Mailing Address 203 SOUTH UNION ST STE 300 SUITE 300

City ALEXANDRIA State VA Zip Code 22314-3356

Purpose of Disbursement CAREY ACCT: REIMBURSEMENT (SEE BELOW)

Candidate Name

Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) ▼
 State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
05 / 02 / 2016

FEC Identification Number

C
Transaction ID : SB29.I85261
 Amount of Each Disbursement this Period
 1000.00

Memo Item

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

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

6000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

Full Name (Last, First, Middle Initial)

A. CMDI

Mailing Address 1593 SPRING HILL RD
SUITE 400

City VIENNA State VA Zip Code 22182

Purpose of Disbursement
CAREY ACCT: COMPLIANCE SOFTWARE FEES

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB29.I85262
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. EDONATION

Mailing Address 117 NORTH SAINT ASAPH ST

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
CAREY ACCT: PAYMENT PROCESSING FEES

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB29.I85215
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. EDONATION

Mailing Address 117 NORTH SAINT ASAPH ST

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
CAREY ACCT: PAYMENT PROCESSING FEES

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB29.I85216
Amount of Each Disbursement this Period

Memo Item

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

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

Full Name (Last, First, Middle Initial)

A. EDONATION

Mailing Address 117 NORTH SAINT ASAPH ST

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
CAREY ACCT: PAYMENT PROCESSING FEES

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB29.I85217
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. EDONATION

Mailing Address 117 NORTH SAINT ASAPH ST

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
CAREY ACCT: PAYMENT PROCESSING FEES

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB29.I85218
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. MDS COMMUNICATIONS

Mailing Address 545 W JUANITA AVE

City MESA State AZ Zip Code 85210

Purpose of Disbursement
CAREY ACCT: POLITICAL ADVOCACY CALLS

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB29.I85196
Amount of Each Disbursement this Period

Memo Item

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

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

Full Name (Last, First, Middle Initial) A. WILAND, INC		Date of Disbursement MM / DD / YYYY 05 / 27 / 2016	
Mailing Address PO BOX 174480		FEC Identification Number C []	
City DENVER	State CO	Zip Code 80217	Transaction ID : SB29.185195
Purpose of Disbursement CAREY ACCT: LIST RENTAL FEES		Category/ Type []	Amount of Each Disbursement this Period 1332.38
Candidate Name			<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B.		Date of Disbursement MM / DD / YYYY	
Mailing Address		FEC Identification Number C []	
City	State	Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement		Category/ Type []	<input type="checkbox"/> Memo Item
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C.		Date of Disbursement MM / DD / YYYY	
Mailing Address		FEC Identification Number C []	
City	State	Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement		Category/ Type []	<input type="checkbox"/> Memo Item
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional).....▶	1332.38
TOTAL This Period (last page this line number only).....▶	23340.89

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 31 OF 35
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor CD, Inc			Nature of Debt (Purpose): Facebook Advertising
Mailing Address PO Box 1877			
City Alexandria	State VA	Zip Code 22313	

Outstanding Balance Beginning This Period		Transaction ID : SD.83883	
0.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
3400.00	0.00	3400.00	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor CD, Inc.			Nature of Debt (Purpose): Facebook Advertising
Mailing Address PO Box 1877			
City Alexandria	State VA	Zip Code 22313	

Outstanding Balance Beginning This Period		Transaction ID : SD.85357	
0.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
2000.00	0.00	2000.00	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor			Nature of Debt (Purpose):
Mailing Address			
City	State	Zip Code	

Outstanding Balance Beginning This Period			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	

1) SUBTOTALS This Period This Page (optional)..... ▶	5400.00
2) TOTALS This Period (last page this line number only)..... ▶	5400.00
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	0.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	5400.00

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`-H9A-N5HCB

Form/Schedule: SD10

Transaction ID : SD.85357

All items reported as debts for this period are not, in fact, debts. These are amounts that were both invoiced in and paid in the month of June for Independent Expenditures made in May that were part of estimated IE reports and for which no actual balance was invoiced prior to close of books. The Committee does not agree that a debt can exist prior to it being invoiced for an actual amount that it does not know it owes. However, this Committee is reporting this activity in this bizarre manner which muddles the public record at the express direction of its FEC RAD analyst.

Form/Schedule:

Transaction ID:

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Committee to Defend the President
FEC IDENTIFICATION NUMBER
C C00544767

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee CD, INC. Memo Item
Mailing Address P.O. BOX 1877
City ALEXANDRIA State VA Zip Code 22313
Purpose of Expenditure FACEBOOK ADVERTISING Category/Type
Name of Federal Candidate: CLINTON, HILLARY, , , Support Oppose
Office Sought: President House Senate State: CA
Calendar Year-To-Date Per Election for Office Sought 3400.00
Disbursement For: Primary General 2016 Other (specify)

Full Name of Payee CD, INC. Memo Item
Mailing Address P.O. BOX 1877
City ALEXANDRIA State VA Zip Code 22313
Purpose of Expenditure FACEBOOK ADVERTISING Category/Type
Name of Federal Candidate: TRUMP, DONALD, J, , Support Oppose
Office Sought: President House Senate State:
Calendar Year-To-Date Per Election for Office Sought 77398.24
Disbursement For: Primary General 2016 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 0.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

BACKER, DAN, , [Electronically Filed] Date 05 / 04 / 2016
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Committee to Defend the President
FEC IDENTIFICATION NUMBER
C C00544767

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee CAMPAIGN SOLUTIONS
Mailing Address 117 N SAINT ASAPH ST.
City ALEXANDRIA State VA Zip Code 22314
Purpose of Expenditure MAY MONTHLY EXTERNAL DEPLOYMENT COSTS
Category/Type
Date of Public Distribution/Dissemination 05 / 02 / 2016
Amount 639.30
Transaction ID : SE24.83878
Date of Disbursement or Obligation 05 / 16 / 2016

Name of Federal Candidate: CLINTON, HILLARY, , ,
Support Oppose
Office Sought: President
Disbursement For: General
Calendar Year-To-Date Per Election for Office Sought 77398.24

Full Name of Payee CAMPAIGN SOLUTIONS
Mailing Address 117 N SAINT ASAPH ST.
City ALEXANDRIA State VA Zip Code 22314
Purpose of Expenditure MAY MONTHLY LIST RENTAL FEES
Category/Type
Date of Public Distribution/Dissemination 05 / 02 / 2016
Amount 860.85
Transaction ID : SE24.83877
Date of Disbursement or Obligation 05 / 31 / 2016

Name of Federal Candidate: CLINTON, HILLARY, , ,
Support Oppose
Office Sought: President
Disbursement For: General
Calendar Year-To-Date Per Election for Office Sought 77398.24

(a) SUBTOTAL of Itemized Independent Expenditures 1500.15
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

BACKER, DAN, , ,

[Electronically Filed]

Date

05 / 03 / 2016

Signature

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) Committee to Defend the President	FEC IDENTIFICATION NUMBER ▼ C C00544767
---	--

Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee CAMPAIGN SOLUTIONS <input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address 117 N SAINT ASAPH ST.		Amount <input type="text"/>	
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SE24.85260
Purpose of Expenditure EXTERNAL DEPLOYMENT COSTS		Category/ Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: CLINTON, HILLARY, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee POLITICAL LIST BROKERS, LLC <input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address 107 S. WEST ST PMB 826 107 WEST STREET		Amount <input type="text"/>	
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SE24.83882
Purpose of Expenditure MAY MONTHLY LIST RENTAL FEES		Category/ Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: CLINTON, HILLARY, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures	<input type="text"/>
(b) SUBTOTAL of Unitemized Independent Expenditures.....	<input type="text"/>
(c) TOTAL Independent Expenditures	<input type="text"/>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

BACKER, DAN, , ,
Signature

[Electronically Filed]

Date / /