

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

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

FOR LINE NUMBER: PAGE 542 OF 1328

(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. IVERSON, ANN, C., ,

Mailing Address 4549 MAXWELL AVENUE

City
LONGMONT

State
CO

Zip Code
80503-4192

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 18 / 2019

Transaction ID : SA11A.1766116

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

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

B. IVEZAJ, NUA, , ,

Mailing Address 1265 SILVER BELL RD

City
ROCHESTER

State
MI

Zip Code
48306-1527

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
ILLYRIAN IMPORT, INC.

Occupation (for Individual)
IMPORTER

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
07 / 05 / 2019

Transaction ID : SA11A.1759254

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

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

C. JACKSON, JENNIFER, , ,

Mailing Address P.O. BOX 331

City
ASHBURNHAM

State
MA

Zip Code
01430-0331

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
CHESHIRE MEDICAL CENTER

Occupation (for Individual)
MEDICAL ASSISTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 07 / 2019

Transaction ID : SA11A.1757286

Amount of Each Receipt this Period

35.00

☐ Memo Item
CONTRIBUTION

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

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

185.00