

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

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

FOR LINE NUMBER: PAGE 755 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. MERTZ, DALE, , ,**

Mailing Address 619 LYNN ST

City  
GREENSBURG

State  
PA

Zip Code  
15601-1409

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 ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 04 / 2019

Transaction ID : SA11A.1759163

Amount of Each Receipt this Period

35.00

☐ Memo Item  
CONTRIBUTION

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

**B. METCALF, GEORGE, R., , III**

Mailing Address 100 MOORINGS PARK DRIVE  
F204

City  
NAPLES

State  
FL

Zip Code  
34105-2165

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

M M / D D / Y Y Y Y Y  
07 / 20 / 2019

Transaction ID : SA11A.1765813

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

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

**C. METILDI, LEONARD, , ,**

Mailing Address 4351 E LOHMAN AVE  
320

City  
LAS CRUCES

State  
NM

Zip Code  
88011-8259

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
MVRMC

Occupation (for Individual)  
SURGEON

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

375.00

Date of Receipt

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

Transaction ID : SA11A.1757791

Amount of Each Receipt this Period

35.00

☐ Memo Item  
CONTRIBUTION

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

170.00

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