

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

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

FOR LINE NUMBER: PAGE 786 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. 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 ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 15 / 2019

Transaction ID : SA11A.1765267

Amount of Each Receipt this Period

25.00

☐ Memo Item  
CONTRIBUTION

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

B. MOSER, HOWARD, , ,

Mailing Address 49 CEDAR LN

City  
LINCOLNSHIREState  
ILZip Code  
60069-3106FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELFOccupation (for Individual)  
APT RENTALS & FARM LAND

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

438.75

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 28 / 2019

Transaction ID : SA11A.1767801

Amount of Each Receipt this Period

25.00

☐ Memo Item  
CONTRIBUTION

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

C. MOSES, MARGARITA, , ,

Mailing Address 5889 DEER CROSSING LN

City  
QUINLANState  
TXZip Code  
75474-3641FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
EPIC HEALTHCARE SERVICESOccupation (for Individual)  
REGISTERED NURSE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

960.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 24 / 2019

Transaction ID : SA11A.1768829

Amount of Each Receipt this Period

35.00

☐ Memo Item  
CONTRIBUTION

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

85.00

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