

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 807 OF 1328

(check only one)

<input checked="" 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 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)

The Committee To Defend The President

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

A. NELSON, DONALD, E., MR.,

Mailing Address 30 STONEBRIDGE WAY

City
EAST BRIDGEWATERState
MAZip Code
02333-1561FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
MA. D.P.U./E.P.D.Occupation (for Individual)
PUBLIC UTILITIES ENGINEER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

370.00

Date of Receipt

M M	D D	Y Y Y Y
07	15	2019

Transaction ID : SA11A.1765791

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

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

B. NELSON, KATHY, , ,

Mailing Address 6438 E WACO

City
SYRACUSEState
INZip Code
46567-9433FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED NURSEOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

435.00

Date of Receipt

M M	D D	Y Y Y Y
07	01	2019

Transaction ID : SA11A.1759298

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

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

C. NELSON, LESLIE, , ,

Mailing Address 543 HAYES LANE

City
PETALUMAState
CAZip Code
94952-4011FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELFOccupation (for Individual)
EQUESTRIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

512.50

Date of Receipt

M M	D D	Y Y Y Y
07	04	2019

Transaction ID : SA11A.1759286

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

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

125.00

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