

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

FOR LINE NUMBER: PAGE 1130 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 |
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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. SY, CHANNARY, , ,Mailing Address 3624 SE MALL ST
30City
PORTLANDState
ORZip Code
97202-3286FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
BPM MANAGEMENT COOccupation (for Individual)
HOUSE KEEPER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 07 | | 09 | | 2019 |

Transaction ID : SA11A.1762165

Amount of Each Receipt this Period

50.00

☐ Memo Item
 CONTRIBUTION

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

B. SZABO, MARIANNA, , ,

Mailing Address 9700 N. WILLOW AVE

City
TAMPAState
FLZip Code
33612-7762FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
MID-FLORIDA PATHOLOGYOccupation (for Individual)
PATHOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 07 | | 15 | | 2019 |

Transaction ID : SA11A.1766179

Amount of Each Receipt this Period

75.00

☐ Memo Item
 CONTRIBUTION

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

C. SZAFRANIC, ANTHONY, , ,

Mailing Address 308 W BAY DRIVE

City
VENICEState
FLZip Code
34285-1401FEC ID number of contributing
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

600.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 07 | | 19 | | 2019 |

Transaction ID : SA11A.1764293

Amount of Each Receipt this Period

100.00

☐ Memo Item
 CONTRIBUTION
SUBTOTAL of Receipts This Page (optional).....▶

225.00

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