

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

The Committee To Defend The President

ADDRESS (number and street) 441 North Lee Street  
Ste 205  
 Check if different than previously reported. (ACC) Alexandria VA 22314

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C C00544767

3. IS THIS REPORT  NEW (N) OR  AMENDED (A)

## 4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

- (b) Monthly Report Due On:
- |   |                                      |                                       |  |
|---|--------------------------------------|---------------------------------------|--|
| <input checked="" type="checkbox"/> Feb 20 (M2) | <input type="checkbox"/> May 20 (M5) | <input type="checkbox"/> Aug 20 (M8)  | <input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only) |
| <input type="checkbox"/> Mar 20 (M3)            | <input type="checkbox"/> Jun 20 (M6) | <input type="checkbox"/> Sep 20 (M9)  | <input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only) |
| <input type="checkbox"/> Apr 20 (M4)            | <input type="checkbox"/> Jul 20 (M7) | <input type="checkbox"/> Oct 20 (M10) | <input type="checkbox"/> Jan 31 (YE)                           |

(c) 12-Day  Primary (12P)  General (12G)  Runoff (12R)

PRE-Election Report for the:  Convention (12C)  Special (12S)

Election on M M M / D D D / Y Y Y Y Y Y in the State of  

(d) 30-Day  POST-Election  General (30G)  Runoff (30R)  Special (30S)

Report for the:  Convention (12C)  Special (12S)

Election on M M M / D D D / Y Y Y Y Y Y in the State of  

5. Covering Period M M M / D D D / Y Y Y Y Y Y 01 / 01 / 2016 through M M M / D D D / Y Y Y Y Y Y 01 / 31 / 2016

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Backer, Dan, , ,

Type or Print Name of Treasurer

Signature of Treasurer Backer, Dan, , , [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2018

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office Use Only									
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**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

The Committee To Defend The President

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2016"/>		126048.43
(b) Cash on Hand at Beginning of Reporting Period.....	126048.43	
(c) Total Receipts (from Line 19) .....	48585.39	48585.39
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	174633.82	174633.82
7. Total Disbursements (from Line 31).....	94977.46	94977.46
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	79656.36	79656.36
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	18820.86	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463  
  
Toll Free 800-424-9530  
Local 202-694-1100

## DETAILED SUMMARY PAGE of Receipts

Write or Type Committee Name

**The Committee To Defend The President**

Report Covering the Period: From: M M / D D / Y Y Y Y 01 / 01 / 2016 To: M M / D D / Y Y Y Y 01 / 31 / 2016

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	500.00	500.00
(ii) Unitemized .....	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	500.00	500.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	500.00	500.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	9.00	9.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	48076.39	48076.39
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	48585.39	48585.39
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	48585.39	48585.39

**DETAILED SUMMARY PAGE**  
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	5895.80	5895.80
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	5895.80	5895.80
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E) .....	11152.05	11152.05
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	616.00	616.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	616.00	616.00
29. Other Disbursements (Including Non-Federal Donations).....	77313.61	77313.61
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	94977.46	94977.46
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	94977.46	94977.46

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	500.00	500.00
34. Total Contribution Refunds (from Line 28(d)) .....	616.00	616.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	- 116.00	- 116.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	5895.80	5895.80
37. Offsets to Operating Expenditures (from Line 15, page 3).....	9.00	9.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	5886.80	5886.80

: 97 `A-G79 @G B9CI G`H9LH`F9 @H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: F3XA  
Transaction ID :

This report is amended to reflect changes related to ADRs 849 and 856 and resulting internal audit of the Committees calendar year 2016 based on the available records. Changes to contributions and refunds are related to duplicate entries previously reported and are now. Line 26 previously incorrectly reported transactions that were intended to be reported on other lines. Those transactions have been reported on the correct lines here, to the same payees in the same amounts, and account for all previously reported disbursements. Previous text: This report amended to update independent expenditure amounts and corresponding debts.

Form/Schedule:  
Transaction ID:

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)	PAGE 7 OF 23
<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**

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**VLASIC, ROBERT, , ,**

Mailing Address **716 OCEAN DRIVE**

City <b>JUNO BEACH</b>	State <b>FL</b>	Zip Code <b>33408-1911</b>
---------------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) <b>INFORMATION REQUESTED PER BEST EFFORTS</b>	Occupation (for Individual) <b>INFORMATION REQUESTED PER BE</b>
--	--

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**500.00**

Date of Receipt  
**01 / 13 / 2016**

**Transaction ID : SA11A.117507**

Amount of Each Receipt this Period  
**500.00**

Memo Item  
CONTRIBUTION

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

Mailing Address

City	State	Zip Code
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

City	State	Zip Code
------	-------	----------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:  
 Primary     General  
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>500.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	<b>500.00</b>

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 8 OF 23
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**The Committee To Defend The President**

**A. BECKENDORF, J SCOTT, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7 IRONWOOD ROAD

City SAN ANTONIO	State TX	Zip Code 78212-2541
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) WINE CONSULTANTS, INC	Occupation (for Individual) EXECUTIVE
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 06 / 2016  
**Transaction ID : SA17.117903**

Amount of Each Receipt this Period  
250.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**B. BOOKER, FRANK, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2344 FOUR LAKES DRIVE

City BELLEVILLE	State IL	Zip Code 62220-4898
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) PANORAMA	Occupation (for Individual) SELF EMPLOYED
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 06 / 2016  
**Transaction ID : SA17.1452277**

Amount of Each Receipt this Period  
500.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**C. COLLIER, HOWARD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 581 JOLLY ROGERS RD  
 ADDRESS 2

City ABILENE	State TX	Zip Code 79601-2709
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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 ▼  
500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 27 / 2016  
**Transaction ID : SA17.119562**

Amount of Each Receipt this Period  
500.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1250.00
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 9 OF 23
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**The Committee To Defend The President**

**A. CROUL, JAMES, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P.O. BOX 143  
 206 BITTERROOT RD  
 City SUN VALLEY State ID Zip Code 83353-0143  
 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 ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 06 / 2016  
**Transaction ID : SA17.117904**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. DORRICOTT, PHYLLIS, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 26710 BIRCH HILL WAY  
 City LOS ALTOS HILLS State CA Zip Code 94022-3302  
 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 ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 27 / 2016  
**Transaction ID : SA17.119561**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. GREEN, CHRISTY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 506 CHRISTINE DRIVE  
 City VACAVILLE State CA Zip Code 95687-4339  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SOLANO COMMUNITY COLLEGE Occupation (for Individual) CHEMISTRY LAB TECHNICIAN  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 26 / 2016  
**Transaction ID : SA17.119411**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	750.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 10 OF 23
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**The Committee To Defend The President**

**A. KOSTAS, MICHAEL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2810 COBB LANE  
 City SMYRNA State GA Zip Code 30082-2003  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF Occupation (for Individual) CHIROPRACTIC PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **01 / 30 / 2016**  
**Transaction ID : SA17.119682**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. LAMOTHE, ALEXIS, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 13111 IRWIN WAY  
 City CARMEL State IN Zip Code 46032-9790  
 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 ▼ 250.00

Date of Receipt **01 / 21 / 2016**  
**Transaction ID : SA17.118756**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. LAMOTHE, ALEXIS, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 13111 IRWIN WAY  
 City CARMEL State IN Zip Code 46032-9790  
 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 ▼ 250.00

Date of Receipt **01 / 22 / 2016**  
**Transaction ID : SA17.118910**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	400.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 11 OF 23
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**The Committee To Defend The President**

**A. LAMOTHE, ALEXIS, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 13111 IRWIN WAY  
 City CARMEL State IN Zip Code 46032-9790  
 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 ▼ 250.00

Date of Receipt 01 / 27 / 2016  
**Transaction ID : SA17.119558**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. METZLER, BENJAMIN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 511 MONTCLAIR COURT  
 City PARKTON State MD Zip Code 21120-9736  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) ELEMENT FLEET MANAGEMENT Occupation (for Individual) PROJECT MANAGER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 26 / 2016  
**Transaction ID : SA17.119412**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C. NAEGELE, WILLIAM, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4300 BAKER RD.  
 City HOPKINS State MN Zip Code 55343-8600  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF Occupation (for Individual) RESTAURANTS/REALESTATE  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 01 / 08 / 2016  
**Transaction ID : SA17.118112**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	600.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 12 OF 23
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**The Committee To Defend The President**

**A. NAEGELE, WILLIAM, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4300 BAKER RD.

City HOPKINS	State MN	Zip Code 55343-8600
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SELF	Occupation (for Individual) RESTAURANTS/REALESTATE
---	---

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
01	/	27	/	2016

**Transaction ID : SA17.119559**

Amount of Each Receipt this Period  
100.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**B. RETTIG, JACK, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 316 ROYAL PLAZA DRIVE

City FORT LAUDERDALE	State FL	Zip Code 33301-2514
-------------------------	-------------	------------------------

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 ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	06	/	2016

**Transaction ID : SA17.117905**

Amount of Each Receipt this Period  
500.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**C. RODACK, MARK, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 16051 COLLINS AVE  
3502

City NORTH MIAMI BEACH	State FL	Zip Code 33160-4505
---------------------------	-------------	------------------------

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 ▼  
600.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	06	/	2016

**Transaction ID : SA17.117906**

Amount of Each Receipt this Period  
500.00

Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1100.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 13 OF 23
<input 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 checked="" 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**

**A. RODACK, MARK, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 16051 COLLINS AVE  
 3502  
 City NORTH MIAMI BEACH State FL Zip Code 33160-4505  
 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 ▼ 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 21 / 2016  
**Transaction ID : SA17.118760**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**B. ROSS, DENNIS, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 703 1ST AVE  
 City DODGE CENTER State MN Zip Code 55927-9149  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RDM OF MN INC. Occupation (for Individual) BUSINESS OWNER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 26 / 2016  
**Transaction ID : SA17.119410**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item  
 CONTRIBUTION  
 NON CONTRIBUTION ACCOUNT

**C.**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address  
 City State Zip Code  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 Amount of Each Receipt this Period  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	350.00
<b>TOTAL</b> This Period (last page this line number only).....	4450.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**The Committee To Defend The President**

Full Name (Last, First, Middle Initial)

**A. CAMPAIGN SOLUTIONS**

Mailing Address 117 N SAINT ASAPH ST.

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
FUNDRAISING PROCESSING COSTS

Candidate Name

Office Sought:  House  Senate  President  
State: District: Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
01 / 31 / 2016

FEC Identification Number

C  
Transaction ID : SB21B.I7857!  
Amount of Each Disbursement this Period  
5822.51

Memo Item

Full Name (Last, First, Middle Initial)

**B. PCI PAYMENT SOLUTIONS**

Mailing Address 902 CHINQUAPIN RD

City MCLEAN State VA Zip Code 22102

Purpose of Disbursement  
MERCHANT PROCESSING FEES

Candidate Name

Office Sought:  House  Senate  President  
State: District: Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
01 / 04 / 2016

FEC Identification Number

C  
Transaction ID : SB21B.I8013!  
Amount of Each Disbursement this Period  
73.29

Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District: Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY

FEC Identification Number

C  
Amount of Each Disbursement this Period

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

5895.80  
5895.80

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**The Committee To Defend The President**

**A. BOOKER, FRANK, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 2344 FOUR LAKES DRIVE

City BELLEVILLE State IL Zip Code 62220

Purpose of Disbursement REFUND OF CONTRIBUTION

Candidate Name

Office Sought:  House  Senate  President  
 Disbursement For: 2016  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 01 / 06 / 2016

FEC Identification Number: C

Transaction ID : SB28A.I1357

Amount of Each Disbursement this Period: 500.00

Memo Item

**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
 Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement:

FEC Identification Number: C

Amount of Each Disbursement this Period:

Memo Item

**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
 Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement:

FEC Identification Number: C

Amount of Each Disbursement this Period:

Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	500.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**The Committee To Defend The President**

Full Name (Last, First, Middle Initial) <b>A. FERGUSON, DONNY, , ,</b>		Date of Disbursement MM / DD / YYYY 01 / 04 / 2016
Mailing Address 101 SKYHILL ROAD #203		FEC Identification Number C [ ] <b>Transaction ID : SB29.I78564</b>
City ALEXANDRIA	State VA	Zip Code 22314
Purpose of Disbursement CAREY DISBURSEMENT- POLITICAL AND CONTENT SERVICES		Amount of Each Disbursement this Period [ ] 4000.00
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. BIGEYE DIRECT, INC.</b>		Date of Disbursement MM / DD / YYYY 01 / 05 / 2016
Mailing Address 13860 REDSKIN DRIVE		FEC Identification Number C [ ] <b>Transaction ID : SB29.I78567</b>
City HERNDON	State VA	Zip Code 20171
Purpose of Disbursement CAREY DISBURSEMENT- DIRECT MAIL ADVOCACY		Amount of Each Disbursement this Period [ ] 5366.56
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. CAMPAIGN SOLUTIONS</b>		Date of Disbursement MM / DD / YYYY 01 / 08 / 2016
Mailing Address 117 N SAINT ASAPH ST.		FEC Identification Number C [ ] <b>Transaction ID : SB29.I78570</b>
City ALEXANDRIA	State VA	Zip Code 22314
Purpose of Disbursement CAREY DISBURSEMENT- ADVOCACY AND ONLINE COMMUNICATION SERVICES		Amount of Each Disbursement this Period [ ] 12836.27
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

22202.83

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



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**The Committee To Defend The President**

Full Name (Last, First, Middle Initial)

**A. CMDI**

Mailing Address 1593 SPRING HILL RD  
SUITE 400

City VIENNA State VA Zip Code 22182

Purpose of Disbursement  
CAREY DISBURSEMENT- COMPLIANCE SERVICES

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement

MM / DD / YYYY  
01 / 13 / 2016

FEC Identification Number

C  
Transaction ID : SB29.I78572  
Amount of Each Disbursement this Period  
2900.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. CONNELL DONATELLI, INC.**

Mailing Address 117 NORTH SAINT ASAPH STREET

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
CAREY DISBURSEMENT- ADVERTISING

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement

MM / DD / YYYY  
01 / 18 / 2016

FEC Identification Number

C  
Transaction ID : SB29.I57979  
Amount of Each Disbursement this Period  
3500.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. CONNELL DONATELLI, INC.**

Mailing Address 117 NORTH SAINT ASAPH STREET

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
CAREY DISBURSEMENT- ADVERTISING

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement

MM / DD / YYYY  
01 / 12 / 2016

FEC Identification Number

C  
Transaction ID : SB29.I78571  
Amount of Each Disbursement this Period  
22052.23

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

28452.23

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**The Committee To Defend The President**

Full Name (Last, First, Middle Initial) <b>A. DB CAPITOL STRATEGIES</b>		Date of Disbursement MM / DD / YYYY 01 / 05 / 2016
Mailing Address 203 SOUTH UNION STREET SUITE 300		FEC Identification Number C [ ] <b>Transaction ID : SB29.I78569</b>
City ALEXANDRIA	State VA	Zip Code 22314-3356
Purpose of Disbursement CAREY DISBURSEMENT- LEGAL AND COMPLIANCE SERVICES		Amount of Each Disbursement this Period [ ] 75.00
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. DB CAPITOL STRATEGIES</b>		Date of Disbursement MM / DD / YYYY 01 / 15 / 2016
Mailing Address 203 SOUTH UNION STREET SUITE 300		FEC Identification Number C [ ] <b>Transaction ID : SB29.I78573</b>
City ALEXANDRIA	State VA	Zip Code 22314-3356
Purpose of Disbursement CAREY DISBURSEMENT- LEGAL AND COMPLIANCE SERVICES		Amount of Each Disbursement this Period [ ] 16365.80
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>C. DB CAPITOL STRATEGIES</b>		Date of Disbursement MM / DD / YYYY 01 / 28 / 2016
Mailing Address 203 SOUTH UNION STREET SUITE 300		FEC Identification Number C [ ] <b>Transaction ID : SB29.I78576</b>
City ALEXANDRIA	State VA	Zip Code 22314-3356
Purpose of Disbursement CAREY DISBURSEMENT- LEGAL AND COMPLIANCE SERVICES		Amount of Each Disbursement this Period [ ] 10150.00
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	26590.80
<b>TOTAL</b> This Period (last page this line number only).....▶	77245.86

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 19 OF 23
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**The Committee To Defend The President**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>AMERICAN ACTION NEWS</b>			Nature of Debt (Purpose): Dec. Monthly Online Advertising
Mailing Address 203 SOUTH UNION STREET SUITE 300			
City ALEXANDRIA	State VA	Zip Code 22314	

Outstanding Balance Beginning This Period 1125.00	<b>Transaction ID : 6862018</b>	
Amount Incurred This Period 0.00	Payment This Period 1125.00	Outstanding Balance at Close of This Period 0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Big Eye Direct</b>			Nature of Debt (Purpose): Aug/Sept Monthly Postage Costs
Mailing Address 13860 Redskin Drive			
City Herndon	State VA	Zip Code 20171	

Outstanding Balance Beginning This Period 5366.56	<b>Transaction ID : 3862018</b>	
Amount Incurred This Period 0.00	Payment This Period 5366.56	Outstanding Balance at Close of This Period 0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>CAMPAIGN SOLUTIONS</b>			Nature of Debt (Purpose): Dec. Monthly External Deployment Costs
Mailing Address 117 N. SAINT ASAPH ST			
City ALEXANDRIA	State VA	Zip Code 22314	

Outstanding Balance Beginning This Period 2463.27	<b>Transaction ID : 2862018</b>	
Amount Incurred This Period 0.00	Payment This Period 2463.27	Outstanding Balance at Close of This Period 0.00

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	0.00
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 20 OF 23
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**The Committee To Defend The President**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>CAMPAIGN SOLUTIONS</b>			Nature of Debt (Purpose): January Monthly External Deployment Cost
Mailing Address 117 N. SAINT ASAPH ST			
City ALEXANDRIA	State VA	Zip Code 22314	

Outstanding Balance Beginning This Period	<b>Transaction ID : 78282018</b>	
<input type="text" value="0.00"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="7091.17"/>	<input type="text" value="0.00"/>	<input type="text" value="7091.17"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>MDS Communications Corp</b>			Nature of Debt (Purpose): Aug/Sept Monthly Outbound Calling Costs
Mailing Address 545 W. Juanita Ave			
City Mesa	State AZ	Zip Code 85210	

Outstanding Balance Beginning This Period	<b>Transaction ID : 1862018</b>	
<input type="text" value="9713.64"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="9713.64"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Media DC</b>			Nature of Debt (Purpose): Dec. Monthly Advertising
Mailing Address 1150 17th Street NW Suite 505			
City Washington	State DC	Zip Code 20036	

Outstanding Balance Beginning This Period	<b>Transaction ID : 5862018</b>	
<input type="text" value="440.05"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="440.05"/>

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	<input type="text" value="17244.86"/>
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	<input type="text"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	<input type="text"/>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 21 OF 23
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**The Committee To Defend The President**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>The Washington Times</b>			Nature of Debt (Purpose): Aug/Sept Monthly Digital Advertising
Mailing Address 3600 New York Ave NE			
City Washington	State DC	Zip Code 20002	

Outstanding Balance Beginning This Period		<b>Transaction ID : 4862018</b>	
1576.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	1576.00	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor			Nature of Debt (Purpose):
Mailing Address			
City	State	Zip Code	

Outstanding Balance Beginning This Period			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor			Nature of Debt (Purpose):
Mailing Address			
City	State	Zip Code	

Outstanding Balance Beginning This Period			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	1576.00
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	18820.86
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	0.00
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	18820.86

**SCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>The Committee To Defend The President</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="font-size: 24px; font-weight: bold; margin-right: 5px;">C</span> C00544767                 </div>
---	--

Check if  24-hour report  48-hour report ▶  New report  Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item <b>AMERICAN ACTION NEWS, LLC</b>			Date of Public Distribution/Dissemination <span style="font-size: 18px;">M M / D D / Y Y Y Y Y Y</span> 12 / 01 / 2015		
Mailing Address 2331 MILL RD SUITE 100			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">                     1125.00                 </div>		
City ALEXANDRIA	State VA	Zip Code 22314			
Purpose of Expenditure DECEMBER MONTHLY ONLINE ADVERTISING FEES		Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>	Transaction ID : <b>SE24.78568</b> Date of Disbursement or Obligation <span style="font-size: 18px;">M M / D D / Y Y Y Y Y Y</span> 01 / 05 / 2016		
Name of Federal Candidate: <input type="checkbox"/> Support CLINTON, HILLARY, , , <input checked="" type="checkbox"/> Oppose			Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">11152.05</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

Full Name of Payee <input type="checkbox"/> Memo Item <b>CAMPAIGN SOLUTIONS</b>			Date of Public Distribution/Dissemination <span style="font-size: 18px;">M M / D D / Y Y Y Y Y Y</span> 01 / 04 / 2016		
Mailing Address 117 N SAINT ASAPH ST.			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">                     4027.05                 </div>		
City ALEXANDRIA	State VA	Zip Code 22314			
Purpose of Expenditure JANUARY MONTHLY LIST RENTAL FEES		Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>	Transaction ID : <b>SE24.11740</b> Date of Disbursement or Obligation <span style="font-size: 18px;">M M / D D / Y Y Y Y Y Y</span> 01 / 31 / 2016		
Name of Federal Candidate: <input type="checkbox"/> Support CLINTON, HILLARY, , , <input checked="" type="checkbox"/> Oppose			Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">11152.05</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">                 5152.05             </div>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">                 _____             </div>
<b>(c) TOTAL</b> Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">                 _____             </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

BACKER, DAN, , ,  
Signature

*[Electronically Filed]*

Date M M / D D / Y Y Y Y Y Y  
12 / 01 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
The Committee To Defend The President
FEC IDENTIFICATION NUMBER
C C00544767

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee CD, INC.
Mailing Address P.O. BOX 1877
City ALEXANDRIA State VA Zip Code 22313
Purpose of Expenditure JANUARY MONTHLY ONLINE ADVERTISING
Category/Type 004
Name of Federal Candidate: CLINTON, HILLARY, ,
Office Sought: President
Disbursement For: General
Amount 6000.00
Transaction ID: SE24.11743
Date of Disbursement or Obligation 01/29/2016

Full Name of Payee CAMPAIGN SOLUTIONS
Mailing Address 117 N SAINT ASAPH ST.
City ALEXANDRIA State VA Zip Code 22314
Purpose of Expenditure JANUARY MONTHLY EXTERNAL DEPLOYMENT COSTS
Category/Type 004
Name of Federal Candidate: CLINTON, HILLARY, ,
Office Sought: President
Disbursement For: General
Amount 7091.17
Transaction ID: SE24.11741
Date of Disbursement or Obligation 02/08/2016

(a) SUBTOTAL of Itemized Independent Expenditures 6000.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures 11152.05

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

BACKER, DAN, ,

[Electronically Filed]

Date

01 / 06 / 2016

Signature