24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule F)

Schedule E)	PAGE 1 OF 1 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
The Committee To Defend The President	C C00544767
	0
Check if 24-hour report	
Full Name of Payee CAMPAIGN HQ	Date of Public Distribution/Dissemination
ESTIMATED FEBRUARY PHONE VOTER CONTACT	02 11 2019
Mailing Address P.O. BOX 257	Amount
City State Zip Code	50000.00
BROOKLYN IA 52211	Transaction ID : SE24.149990 Date of Disbursement or Obligation
Purpose of Expenditure PHONE VOTER CONTACT Category/ Type	02 09 7 2019
Name of Federal Candidate Support	Office Sought: House District:
TRUMP, DONALD, J, ,	President Senate State:
Calendar Year-To-Date Per Election for Office Sought 541628.13	Disbursement For: Primary General 2020 Gther (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
	M = M / D = D / Y = Y = Y
Mailing Address	Amount
	Allount
City State Zip Code	
	Date of Disbursement or Obligation
Purpose of Expenditure Category/ Type	M = M / D = D / Y = Y = Y
Name of Federal Candidate Support	Office Sought: House District:
Oppose	President Senate State:
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	50000.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	50000.00
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] Da	ate 02 11 2019
Signature	