

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

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

FOR LINE NUMBER: PAGE 57 OF 4397

(check only one)

<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

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

A. ADLEY, DONALD, , ,

Mailing Address 62 WATERSIDE LANE

City
CLINTONState
CTZip Code
06413-2141FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELFOccupation (for Individual)
ARCHITECTURAL DESIGN AND BUIL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

685.00

Date of Receipt

M M	D D	Y Y Y Y
04	05	2017

Transaction ID : SA17.895141

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

B. ADLEY, DONALD, , ,

Mailing Address 62 WATERSIDE LANE

City
CLINTONState
CTZip Code
06413-2141FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELFOccupation (for Individual)
ARCHITECTURAL DESIGN AND BUIL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

685.00

Date of Receipt

M M	D D	Y Y Y Y
05	05	2017

Transaction ID : SA17.914173

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

C. AGARWAL, ANIL, , ,

Mailing Address 8150 WEST BASSWOOD ROAD

City
ORLAND PARKState
ILZip Code
60462-6119FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
WINTERSET DENTAL CARE, PCOccupation (for Individual)
PROSTHODONTIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M	D D	Y Y Y Y
01	05	2017

Transaction ID : SA17.800161

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

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

300.00