

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

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

FOR LINE NUMBER: PAGE 258 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. BARNES, ROBERT, , ,

Mailing Address 662 CARSON CT.  
662 CARSON CT.

City  
VACAVILLE

State  
CA

Zip Code  
95687-5618

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 ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 05 / 2017

Transaction ID : SA17.825076

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. BARNES, ROBERT, , ,

Mailing Address 662 CARSON CT.  
662 CARSON CT.

City  
VACAVILLE

State  
CA

Zip Code  
95687-5618

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 ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 05 / 2017

Transaction ID : SA17.857776

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. BARR, ARDITH, , ,

Mailing Address 215 MACALESTER DRIVE

City  
WALNUT

State  
CA

Zip Code  
91789-2325

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 ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 / 05 / 2017

Transaction ID : SA17.789824

Amount of Each Receipt this Period

25.00

☐ Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

225.00

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