

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

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

FOR LINE NUMBER: PAGE 1787 OF 4397

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 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. JEZ, MICHAEL, , ,

Mailing Address 1305 SOMERSET COURT

City
COLLEYVILLE

State
TX

Zip Code
76034-4280

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
USAP

Occupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

775.00

Date of Receipt

03 / **08** / **2017**

Transaction ID : SA17.866755

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

B. JEZ, MICHAEL, , ,

Mailing Address 1305 SOMERSET COURT

City
COLLEYVILLE

State
TX

Zip Code
76034-4280

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
USAP

Occupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

775.00

Date of Receipt

03 / **17** / **2017**

Transaction ID : SA17.866756

Amount of Each Receipt this Period

75.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

C. JEZ, MICHAEL, , ,

Mailing Address 1305 SOMERSET COURT

City
COLLEYVILLE

State
TX

Zip Code
76034-4280

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
USAP

Occupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

775.00

Date of Receipt

04 / **25** / **2017**

Transaction ID : SA17.894470

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

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

175.00