

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 Committee to Defend the President

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

2. FEC IDENTIFICATION NUMBER C C00544767 3. IS THIS REPORT NEW (N) OR AMENDED (A) X

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day POST-Election Report for the: General, Runoff, Special

5. Covering Period 06 / 01 / 2016 through 06 / 30 / 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 12 / 18 / 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.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

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.....	39084.56	
(c) Total Receipts (from Line 19)	119795.46	315337.36
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	158880.02	441385.79
7. Total Disbursements (from Line 31).....	83991.67	366497.44
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	74888.35	74888.35
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	24752.46	

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

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

Committee to Defend the President

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
06 / 01 / 2016 To: M M / D D / Y Y Y Y Y Y
06 / 30 / 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).....	300.00	800.00
(ii) Unitemized	7192.70	7192.70
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	7492.70	7992.70
(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)	7492.70	7992.70
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).....	60.82	78.82
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	112241.94	307265.84
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)).....▶	119795.46	315337.36
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	119795.46	315337.36

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	4590.00	10552.80
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	4590.00	10552.80
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	2000.00
24. Independent Expenditures (use Schedule E)	62115.82	139514.06
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	1674.01	6663.69
(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)).....	1674.01	6663.69
29. Other Disbursements (Including Non-Federal Donations).....	15611.84	207766.89
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)) ..	83991.67	366497.44
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	83991.67	366497.44

DETAILED SUMMARY PAGE
of Disbursements

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Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	7492.70	7992.70
34. Total Contribution Refunds (from Line 28(d))	1674.01	6663.69
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	5818.69	1329.01
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	4590.00	10552.80
37. Offsets to Operating Expenditures (from Line 15, page 3).....	60.82	78.82
38. Net Operating Expenditures (subtract Line 37 from Line 36)	4529.18	10473.98

: 97 `A-G79 @C B9CI G`H9LH`F9 @H98 `HC `5 `F9DCFH`G7 <98I @ `CF `H9A-N5 HCB

Form/Schedule: F3XA
Transaction ID :

Resulting amendment from prior amendments plus the addition of a missing bank fee discovered in the audit. Previous Text: This report amended to correctly report independent expenditures disseminated in this period but paid for in the next period. Previous memo text: This Committee responds to the September 26, 2016 RFAI, with response due October 31, 2016, as follows: 1. This report has been amended to provide updated year-to-date per election totals for Schedule E. 2. The expenditures to Campaign Solutions and to Connell Donatelli, Inc. were properly and timely disclosed as part of the June monthly estimates filed 6/3/16: Transaction IDs SE24.84750 and SE24.84752 on FEC-1076060. Note that this latter record listed the vendor slightly differently from the initial 48-hour report; this report has been updated to match the initial 48-hour report. With respect to the expenditures to MDS Communications, the Committee had previously worked with a different vendor for outbound phone services, and due to some confusion as to which vendor was providing these services for June, the estimated 48-hour report did not include the intended estimate for this activity. 3. Due to normal fluctuations in Committee program activity, expenditures included in monthly estimates are occasionally different from the estimated amount, or are never actually made. In cases where an expenditure is never made, that is, where the actual amount spent is \$0.00, the Committee does not include it on Schedule E of the corresponding periodic report. Two of the expenditures at issue here were never actually made, and so have not been included on Schedule E of this report; the expenditure to CD, Inc. was made, and was included on the Schedule E, though with a slightly different vendor name, as detailed above. Also in this amendment, the above-referenced expenditure to CD, Inc. has been broken up into three separate items; the two independent expenditures disseminated in May but not paid for until June were invoiced together with the June activity, and the total payment was originally reported as a single item. The items from Schedule D of the June monthly report for these cross-month expenditures have been added to this report, and updated to reflect the final payments.

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: PAGE 7 OF 78
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. ANDERSON, GAIL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 416 UNION AVE
 City SARATOGA SPRINGS State NY Zip Code 12866-6422
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) SELF EMPLOYED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2950.00

Date of Receipt 06 / 21 / 2016
Transaction ID : SA11A.334237
 Amount of Each Receipt this Period 250.00
 Memo Item CONTRIBUTION

B. TEUFEL, DENNIS, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O.BOX 5596 SCOTTSDALEAZ
 City SCOTTSDALE State AZ Zip Code 85261-5596
 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 ▼ 365.00

Date of Receipt 06 / 21 / 2016
Transaction ID : SA11A.334270
 Amount of Each Receipt this Period 50.00
 Memo Item CONTRIBUTION

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

SUBTOTAL of Receipts This Page (optional).....▶	300.00
TOTAL This Period (last page this line number only).....▶	300.00

**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 78
<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)
Committee to Defend the President

A. ADKISSON, MARK, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5652 HUNT CLUB DR.

City FONTANA	State CA	Zip Code 92336-1135
-----------------	-------------	------------------------

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

Name of Employer (for Individual) TOSHIBA AMERICA MEDICAL SYSTEMS	Occupation (for Individual) IMAGING SUPPORT ENGINEER
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
275.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		05		2016

Transaction ID : SA17.335093

Amount of Each Receipt this Period
75.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

Mailing Address 5652 HUNT CLUB DR.

City FONTANA	State CA	Zip Code 92336-1135
-----------------	-------------	------------------------

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

Name of Employer (for Individual) TOSHIBA AMERICA MEDICAL SYSTEMS	Occupation (for Individual) IMAGING SUPPORT ENGINEER
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
275.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2016

Transaction ID : SA17.335321

Amount of Each Receipt this Period
50.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

Mailing Address 5652 HUNT CLUB DR.

City FONTANA	State CA	Zip Code 92336-1135
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) TOSHIBA AMERICA MEDICAL SYSTEMS	Occupation (for Individual) IMAGING SUPPORT ENGINEER
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
275.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2016

Transaction ID : SA17.336135

Amount of Each Receipt this Period
50.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶	175.00
TOTAL 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 78
<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)
Committee to Defend the President

A. ADKISSON, MARK, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5652 HUNT CLUB DR.

City FONTANA	State CA	Zip Code 92336-1135
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) TOSHIBA AMERICA MEDICAL SYSTEMS	Occupation (for Individual) IMAGING SUPPORT ENGINEER
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
275.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	25	/	2016

Transaction ID : SA17.338015

Amount of Each Receipt this Period
50.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

Mailing Address 5652 HUNT CLUB DR.

City FONTANA	State CA	Zip Code 92336-1135
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) TOSHIBA AMERICA MEDICAL SYSTEMS	Occupation (for Individual) IMAGING SUPPORT ENGINEER
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
275.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	21	/	2016

Transaction ID : SA17.338028

Amount of Each Receipt this Period
50.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

Mailing Address P O BOX 3908

City CRESTLINE	State CA	Zip Code 92325-3908
-------------------	-------------	------------------------

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

Name of Employer (for Individual) AINLEY ENTERPRISES LLC	Occupation (for Individual) PROPERTY MANAGEMENT
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	08	/	2016

Transaction ID : SA17.335341

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	200.00
TOTAL 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 78
<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)
Committee to Defend the President

A. ANDERSON, EDWIN, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6337 GLEN HOLLOW DR.

City LIBERTY TWP	State OH	Zip Code 45011-0442
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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 ▼
575.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	24	/	2016

Transaction ID : SA17.338116

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

Mailing Address 6337 GLEN HOLLOW DR.

City LIBERTY TWP	State OH	Zip Code 45011-0442
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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 ▼
575.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	28	/	2016

Transaction ID : SA17.338419

Amount of Each Receipt this Period
25.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

Mailing Address 416 UNION AVE

City SARATOGA SPRINGS	State NY	Zip Code 12866-6422
--------------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
2950.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	19	/	2016

Transaction ID : SA17.336258

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	225.00
TOTAL 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 78
<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)
Committee to Defend the President

A. ANDERSON, GAIL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 416 UNION AVE
 City SARATOGA SPRINGS State NY Zip Code 12866-6422
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) SELF EMPLOYED
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2950.00

Date of Receipt **06 / 17 / 2016**
Transaction ID : SA17.336285
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. ANDERSON, GAIL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 416 UNION AVE
 City SARATOGA SPRINGS State NY Zip Code 12866-6422
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) SELF EMPLOYED
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2950.00

Date of Receipt **06 / 29 / 2016**
Transaction ID : SA17.338665
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. ANDERSON, GAIL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 416 UNION AVE
 City SARATOGA SPRINGS State NY Zip Code 12866-6422
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) SELF EMPLOYED
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2950.00

Date of Receipt **06 / 29 / 2016**
Transaction ID : SA17.338666
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	750.00
TOTAL 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 78
<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)
Committee to Defend the President

A. ASTROP, JEAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 205 BLACKLAND ROAD
 City ATLANTA State GA Zip Code 30342-4001
 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 06 / 17 / 2016
Transaction ID : SA17.336283
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. BARTH, MARTA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3521 NW 82 AVE
 City MIAMI State FL Zip Code 33122-1027
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) PULSAR Occupation (for Individual) BUSINESS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 23 / 2016
Transaction ID : SA17.338134
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. BARTMESS, ROBERT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 168 PARK PLCE DR. 227-B
 City WADSWORTH State OH Zip Code 44281-8767
 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 ▼ 225.00

Date of Receipt 06 / 05 / 2016
Transaction ID : SA17.334939
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	525.00
TOTAL 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 78
<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)
Committee to Defend the President

A. BARTMESS, ROBERT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 168 PARK PLCE DR.
 227-B
 City WADSWORTH State OH Zip Code 44281-8767
 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 ▼ 225.00

Date of Receipt **06 / 08 / 2016**
Transaction ID : SA17.335326
 Amount of Each Receipt this Period 50.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. BARTMESS, ROBERT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 168 PARK PLCE DR.
 227-B
 City WADSWORTH State OH Zip Code 44281-8767
 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 ▼ 225.00

Date of Receipt **06 / 08 / 2016**
Transaction ID : SA17.335327
 Amount of Each Receipt this Period 50.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. BARTMESS, ROBERT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 168 PARK PLCE DR.
 227-B
 City WADSWORTH State OH Zip Code 44281-8767
 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 ▼ 225.00

Date of Receipt **06 / 16 / 2016**
Transaction ID : SA17.336221
 Amount of Each Receipt this Period 100.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	200.00
TOTAL 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 14 OF 78
<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)
Committee to Defend the President

A. BIGAR, PHILIPPE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 55 EAST 76TH STREET
 55 EAST 76TH STREET
 City NEW YORK State NY Zip Code 10021-1843
 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 ▼ 750.00

Date of Receipt 06 / 18 / 2016
Transaction ID : SA17.336280
 Amount of Each Receipt this Period 250.00
 Memo Item CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. BLEVINS, KEITH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1934 BYRNES ROAD
 City NORTH AUGUSTA State SC Zip Code 29841-2090
 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 ▼ 225.00

Date of Receipt 06 / 05 / 2016
Transaction ID : SA17.335043
 Amount of Each Receipt this Period 50.00
 Memo Item CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. BLEVINS, KEITH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1934 BYRNES ROAD
 City NORTH AUGUSTA State SC Zip Code 29841-2090
 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 ▼ 225.00

Date of Receipt 06 / 30 / 2016
Transaction ID : SA17.338456
 Amount of Each Receipt this Period 25.00
 Memo Item CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	325.00
TOTAL 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 15 OF 78
<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)
Committee to Defend the President

A. BRESNIK, ALBERT R., , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2224 24TH STREET
 City SANTA MONICA State CA Zip Code 90405-1811
 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 ▼ 450.00

Date of Receipt **06 / 05 / 2016**
Transaction ID : SA17.335039
 Amount of Each Receipt this Period 50.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. BRESNIK, ALBERT R., , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2224 24TH STREET
 City SANTA MONICA State CA Zip Code 90405-1811
 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 ▼ 450.00

Date of Receipt **06 / 22 / 2016**
Transaction ID : SA17.337978
 Amount of Each Receipt this Period 50.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. BRIGGS, WILMER, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4150 N SUTTLE RD
 City PORTLAND State OR Zip Code 97217-7717
 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 ▼ 350.00

Date of Receipt **06 / 16 / 2016**
Transaction ID : SA17.336210
 Amount of Each Receipt this Period 75.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶	175.00
TOTAL 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 16 OF 78
<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)
Committee to Defend the President

A. BRIGGS, WILMER, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4150 N SUTTLE RD
 City PORTLAND State OR Zip Code 97217-7717
 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 ▼ 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 16 / 2016
Transaction ID : SA17.336211
 Amount of Each Receipt this Period 75.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. BUCHHOLZ, MARY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 16249 MDU LOOP
 City BELLE FOURCHE State SD Zip Code 57717-6202
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) AGRICULTURE
 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
 06 / 22 / 2016
Transaction ID : SA17.338137
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. BURTON, ANDREW, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 304281 E. 1800 RD
 City RATLIFF CITY State OK Zip Code 73481-5831
 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 ▼ 225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 05 / 2016
Transaction ID : SA17.335092
 Amount of Each Receipt this Period 75.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	400.00
TOTAL 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 17 OF 78
<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)
Committee to Defend the President

A. CAIL, RONNIE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2850 MAIN STREET W
 City SNELLVILLE State GA Zip Code 30078-3156
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) STATE FARM INS. COS. Occupation (for Individual) AGENT, INSURANCE
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00

Date of Receipt **06 / 05 / 2016**
Transaction ID : SA17.335100
 Amount of Each Receipt this Period 100.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. CALLAHAN, GLORIA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 229 SHAKERAG ROAD
 City AIKEN State SC Zip Code 29803-6262
 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 ▼ 400.00

Date of Receipt **06 / 18 / 2016**
Transaction ID : SA17.336185
 Amount of Each Receipt this Period 50.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. CALLAHAN, GLORIA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 229 SHAKERAG ROAD
 City AIKEN State SC Zip Code 29803-6262
 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 ▼ 400.00

Date of Receipt **06 / 23 / 2016**
Transaction ID : SA17.338113
 Amount of Each Receipt this Period 100.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	250.00
TOTAL 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 18 OF 78
<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)
Committee to Defend the President

A. CALLAHAN, GLORIA, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 229 SHAKERAG ROAD

City AIKEN	State SC	Zip Code 29803-6262
---------------	-------------	------------------------

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 ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2016

Transaction ID : SA17.338520

Amount of Each Receipt this Period
25.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

B. CARROLL JR., DR. GEORGE B, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address POB 2582

City CORRALES	State NM	Zip Code 87048-2582
------------------	-------------	------------------------

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 ▼
225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		05		2016

Transaction ID : SA17.334726

Amount of Each Receipt this Period
25.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

Mailing Address 8540 E PINCHOT AVE

City SCOTTSDALE	State AZ	Zip Code 85251-7312
--------------------	-------------	------------------------

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 M	/	D D D	/	Y Y Y Y Y Y
06		05		2016

Transaction ID : SA17.334986

Amount of Each Receipt this Period
35.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	85.00
TOTAL 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 19 OF 78
<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)
Committee to Defend the President

A. CARTER, PATRICK, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8540 E PINCHOT AVE
 City SCOTTSDALE State AZ Zip Code 85251-7312
 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 **06 / 16 / 2016**
Transaction ID : SA17.336099
 Amount of Each Receipt this Period 30.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. CARTER, PATRICK, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8540 E PINCHOT AVE
 City SCOTTSDALE State AZ Zip Code 85251-7312
 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 **06 / 16 / 2016**
Transaction ID : SA17.336100
 Amount of Each Receipt this Period 30.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. CARTER, PATRICK, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8540 E PINCHOT AVE
 City SCOTTSDALE State AZ Zip Code 85251-7312
 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 **06 / 27 / 2016**
Transaction ID : SA17.337880
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	85.00
TOTAL 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 20 OF 78
<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)
Committee to Defend the President

A. CARTER, PATRICK, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8540 E PINCHOT AVE
 City SCOTTSDALE State AZ Zip Code 85251-7312
 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 M / D D D / Y Y Y Y Y Y
 06 / 29 / 2016
Transaction ID : SA17.338423
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. COBB, JOHN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2206 OVERLOOK CREST
 City BIRMINGHAM State AL Zip Code 35226-3270
 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 M / D D D / Y Y Y Y Y Y
 06 / 05 / 2016
Transaction ID : SA17.335102
 Amount of Each Receipt this Period 100.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. COOPER, CURT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2460 WHITE OAK PLACE
 City DANVILLE State CA Zip Code 94506-2040
 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 M / D D D / Y Y Y Y Y Y
 06 / 05 / 2016
Transaction ID : SA17.335096
 Amount of Each Receipt this Period 100.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT; REFUNDED \$100.00 ON 08/15/2016

SUBTOTAL of Receipts This Page (optional).....	225.00
TOTAL 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 21 OF 78
<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)
Committee to Defend the President

A. CULBERTSON, ALEXANDER, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3195 NW 139TH PL., PORTLAND, OREGO

City PORTLAND	State OR	Zip Code 97229-7010
FEC ID number of contributing federal political committee. C		
Name of Employer (for Individual) RETIRED		Occupation (for Individual) RETIRED
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 325.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	05	/	2016

Transaction ID : SA17.335051

Amount of Each Receipt this Period

50.00

 Memo Item
CONTRIBUTION
NON CONTRIBUTION ACCOUNT

B. CULBERTSON, ALEXANDER, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3195 NW 139TH PL., PORTLAND, OREGO

City PORTLAND	State OR	Zip Code 97229-7010
FEC ID number of contributing federal political committee. C		
Name of Employer (for Individual) RETIRED		Occupation (for Individual) RETIRED
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 325.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	05	/	2016

Transaction ID : SA17.335112

Amount of Each Receipt this Period

100.00

 Memo Item
CONTRIBUTION
NON CONTRIBUTION ACCOUNT

C. CULBERTSON, ALEXANDER, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3195 NW 139TH PL., PORTLAND, OREGO

City PORTLAND	State OR	Zip Code 97229-7010
FEC ID number of contributing federal political committee. C		
Name of Employer (for Individual) RETIRED		Occupation (for Individual) RETIRED
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ 325.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	23	/	2016

Transaction ID : SA17.337459

Amount of Each Receipt this Period

25.00

 Memo Item
CONTRIBUTION
NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	175.00
TOTAL 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 22 OF 78
<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)
Committee to Defend the President

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

Mailing Address 2317 SUL ROSS

City HOUSTON	State TX	Zip Code 77098-2207
-----------------	-------------	------------------------

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

Name of Employer (for Individual) SELF	Occupation (for Individual) REAL ESTATE
---	--

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
06	/	20	/	2016

Transaction ID : SA17.336278

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

Mailing Address 3725 WEST CENTER ST

City CINCINNATI	State OH	Zip Code 45227-4446
--------------------	-------------	------------------------

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 ▼
650.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2016

Transaction ID : SA17.338664

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

C. DOLAN, JOHN J., , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 32 MARTA DRIVE

City WILMINGTON	State DE	Zip Code 19808-4854
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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 ▼
275.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	05	/	2016

Transaction ID : SA17.335091

Amount of Each Receipt this Period
75.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	575.00
TOTAL 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 23 OF 78
<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)
Committee to Defend the President

A. DOLAN, JOHN J., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 32 MARTA DRIVE
 City WILMINGTON State DE Zip Code 19808-4854
 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 ▼ 275.00

Date of Receipt **06 / 21 / 2016**
Transaction ID : SA17.337942
 Amount of Each Receipt this Period 50.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. DONEY, JACK, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 310 SOUTHWEST SECOND STYREET SUITE 201
 City MIAMI State OK Zip Code 74354-6702
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) MEDICAL DOCTOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt **06 / 05 / 2016**
Transaction ID : SA17.335122
 Amount of Each Receipt this Period 500.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. ELLIOTT, DONALD G, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 104 BENT OAK DR.
 City SAN ANTONIO State TX Zip Code 78231-1503
 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 **06 / 05 / 2016**
Transaction ID : SA17.335099
 Amount of Each Receipt this Period 100.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	650.00
TOTAL 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 24 OF 78
<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)
Committee to Defend the President

A. ELLIOTT, DONALD G, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 104 BENT OAK DR.
 City SAN ANTONIO State TX Zip Code 78231-1503
 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 **06 / 17 / 2016**
Transaction ID : SA17.336259
 Amount of Each Receipt this Period 100.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. ELLIOTT, DONALD G, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 104 BENT OAK DR.
 City SAN ANTONIO State TX Zip Code 78231-1503
 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 **06 / 30 / 2016**
Transaction ID : SA17.338650
 Amount of Each Receipt this Period 100.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. FARLEY, DAVID, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4195 CHINO HILLS PARKWAY #112
 City CHINO HILLS State CA Zip Code 91709-2618
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LUXISLEEP, INC. Occupation (for Individual) BUSINESS CEO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt **06 / 21 / 2016**
Transaction ID : SA17.338089
 Amount of Each Receipt this Period 100.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	300.00
TOTAL 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 25 OF 78
<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)
Committee to Defend the President

A. FLANAGAN, JOHN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1879 JIM SIMMONS
 City FLAGSTAFF State AZ Zip Code 86005-4236
 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
 06 / 23 / 2016
Transaction ID : SA17.338138
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. FLOYD, WILLIAM, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 509 MOCKINGBIRD LANE
 City SPARTANBURG State SC Zip Code 29307-3735
 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
 06 / 16 / 2016
Transaction ID : SA17.336284
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. FULDNER, CHRIS, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5035 STONGATE CT
 City SPRINGFIELD State MO Zip Code 65809-4013
 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 ▼ 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 02 / 2016
Transaction ID : SA17.334943
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	525.00
TOTAL 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 26 OF 78
<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)
Committee to Defend the President

A. FULDNER, CHRIS, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5035 STONGATE CT

City SPRINGFIELD	State MO	Zip Code 65809-4013
---------------------	-------------	------------------------

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 ▼
350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		05		2016

Transaction ID : SA17.335109

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

Mailing Address 5035 STONGATE CT

City SPRINGFIELD	State MO	Zip Code 65809-4013
---------------------	-------------	------------------------

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 ▼
350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		23		2016

Transaction ID : SA17.337999

Amount of Each Receipt this Period
50.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

Mailing Address 9503 GULFSTREAM RD

City FRANKFORT	State IL	Zip Code 60423-2536
-------------------	-------------	------------------------

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
06		05		2016

Transaction ID : SA17.334745

Amount of Each Receipt this Period
25.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	175.00
TOTAL 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 27 OF 78
<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)
Committee to Defend the President

A. 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 ▼ 450.00

Date of Receipt **06 / 05 / 2016**
Transaction ID : SA17.335048
 Amount of Each Receipt this Period 50.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. HANDELMAN, TAMAR P, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7705 KESTREL LANE
 City GOLETA State CA Zip Code 93117-2480
 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 **06 / 17 / 2016**
Transaction ID : SA17.336277
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. HASTON JR, FRED, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7951 WYNWOOD RD
 City TRUSSVILLE State AL Zip Code 35173-5228
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) OIL
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 320.00

Date of Receipt **06 / 05 / 2016**
Transaction ID : SA17.335021
 Amount of Each Receipt this Period 40.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	340.00
TOTAL 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 28 OF 78
<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)
Committee to Defend the President

A. HASTON JR, FRED, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7951 WYNWOOD RD
 City TRUSSVILLE State AL Zip Code 35173-5228
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) OIL
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 320.00

Date of Receipt **06 / 07 / 2016**
Transaction ID : SA17.335346
 Amount of Each Receipt this Period 200.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. HOFGAARDEN, CHARLES, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 891 FLINTRIDGE AVE
 891 FLINTRIDGE AVE.
 City LA CANADA FLINTRID State CA Zip Code 91011-4064
 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 ▼ 225.00

Date of Receipt **06 / 17 / 2016**
Transaction ID : SA17.336236
 Amount of Each Receipt this Period 100.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. HOLLABAUGH, JON, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9908 FOLSOM DRIVE
 City LAS VEGAS State NV Zip Code 89134-7502
 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 **06 / 05 / 2016**
Transaction ID : SA17.334722
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	325.00
TOTAL 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 29 OF 78
<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)
Committee to Defend the President

A. HOLLABAUGH, JON, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9908 FOLSOM DRIVE
 City LAS VEGAS State NV Zip Code 89134-7502
 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
 06 / 23 / 2016
Transaction ID : SA17.337797
 Amount of Each Receipt this Period
 25.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. HOLMES, LEE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. BOX AR
 City HAGATNA State GU Zip Code 96932-7564
 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 ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 03 / 2016
Transaction ID : SA17.335113
 Amount of Each Receipt this Period
 100.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. HOLMES, LEE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. BOX AR
 City HAGATNA State GU Zip Code 96932-7564
 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 ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2016
Transaction ID : SA17.338663
 Amount of Each Receipt this Period
 250.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	375.00
TOTAL 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 30 OF 78
<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)
Committee to Defend the President

A. HUANG, DAVID LK, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1462 25TH AVE
 City SAN FRANCISCO State CA Zip Code 94122-3318
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) YU TONG KWONG. Occupation (for Individual) PROPERTY SALES
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1013.55

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 25 / 2016
Transaction ID : SA17.337127
 Amount of Each Receipt this Period 18.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. HUANG, DAVID LK, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1462 25TH AVE
 City SAN FRANCISCO State CA Zip Code 94122-3318
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) YU TONG KWONG. Occupation (for Individual) PROPERTY SALES
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1013.55

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 25 / 2016
Transaction ID : SA17.337690
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. JACKSON, SHARON, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2143 VISTA ENTRADA
 2143 VISTA ENTRADA
 City NEWPORT BEACH State CA Zip Code 92660-3938
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) WORLD TRAVEL Occupation (for Individual) OWNER
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 05 / 2016
Transaction ID : SA17.335035
 Amount of Each Receipt this Period 50.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	93.00
TOTAL 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 31 OF 78
<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)
Committee to Defend the President

A. JACKSON, SHARON, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2143 VISTA ENTRADA
 2143 VISTA ENTRADA

City NEWPORT BEACH State CA Zip Code 92660-3938

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

Name of Employer (for Individual) WORLD TRAVEL Occupation (for Individual) OWNER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt 06 / 20 / 2016
Transaction ID : SA17.335945

Amount of Each Receipt this Period 25.00

Memo Item
 CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

Mailing Address 8600 SKYLINE DR.
 1225

City DALLAS State TX Zip Code 75243-4198

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 06 / 05 / 2016
Transaction ID : SA17.335101

Amount of Each Receipt this Period 100.00

Memo Item
 CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

Mailing Address 710 SALERNO WAY

City HOWELL State NJ Zip Code 07731-1736

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 ▼ 375.00

Date of Receipt 06 / 05 / 2016
Transaction ID : SA17.335055

Amount of Each Receipt this Period 50.00

Memo Item
 CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ▶ 175.00

TOTAL 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 32 OF 78
<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)
Committee to Defend the President

A. KATTERMANN, WILLIAM A, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 710 SALERNO WAY
 City HOWELL State NJ Zip Code 07731-1736
 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 ▼ 375.00

Date of Receipt **06 / 16 / 2016**
Transaction ID : SA17.335826
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. KATTERMANN, WILLIAM A, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 710 SALERNO WAY
 City HOWELL State NJ Zip Code 07731-1736
 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 ▼ 375.00

Date of Receipt **06 / 29 / 2016**
Transaction ID : SA17.338638
 Amount of Each Receipt this Period 50.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. KEITHLY, CHERYL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5702 W COUNTY 8 1/2 STREET
 City YUMA State AZ Zip Code 85364-8425
 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 **06 / 27 / 2016**
Transaction ID : SA17.338062
 Amount of Each Receipt this Period 50.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	125.00
TOTAL 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 33 OF 78
<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)
Committee to Defend the President

A. KRAMBECK, JOAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1121 ST. RT. 588
 City GALLIPOLIS State OH Zip Code 45631-8698
 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 ▼ 350.00

Date of Receipt 06 / 05 / 2016
Transaction ID : SA17.335047
 Amount of Each Receipt this Period 50.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. KRAMBECK, JOAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1121 ST. RT. 588
 City GALLIPOLIS State OH Zip Code 45631-8698
 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 ▼ 350.00

Date of Receipt 06 / 11 / 2016
Transaction ID : SA17.335331
 Amount of Each Receipt this Period 50.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. KRUEGER, KRISTINE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8170 JOHN PECTOL ROAD
 City GEORGETOWN State IN Zip Code 47122-9705
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UNIVERSITY OF LOUISVILLE Occupation (for Individual) PHYSICIAN
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 06 / 05 / 2016
Transaction ID : SA17.335094
 Amount of Each Receipt this Period 100.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	200.00
TOTAL 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 34 OF 78
<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)
Committee to Defend the President

A. LA TOUR, JOHN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 112 WEST CENTER STREET
 560
 City FAYETTEVILLE State AR Zip Code 72701-6073
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) CPA/ATTORNEY
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00

Date of Receipt **06 / 23 / 2016**
Transaction ID : SA17.338140
 Amount of Each Receipt this Period 500.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. LASKER, MARK, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2 SPRING MARSH CIRCLE
 City SAVANNAH State GA Zip Code 31411-2948
 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 **06 / 05 / 2016**
Transaction ID : SA17.335098
 Amount of Each Receipt this Period 100.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. LAYTON, EVA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 809 BUNKER HILL DROVE
 City CARSON CITY State NV Zip Code 89703-3611
 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 ▼ 435.00

Date of Receipt **06 / 05 / 2016**
Transaction ID : SA17.334800
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	625.00
TOTAL 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 35 OF 78
<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)
Committee to Defend the President

A. LAYTON, EVA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 809 BUNKER HILL DROVE
 City CARSON CITY State NV Zip Code 89703-3611
 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 ▼ 435.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 05 / 2016
Transaction ID : SA17.335061
 Amount of Each Receipt this Period 50.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. LAYTON, EVA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 809 BUNKER HILL DROVE
 City CARSON CITY State NV Zip Code 89703-3611
 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 ▼ 435.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 05 / 2016
Transaction ID : SA17.335068
 Amount of Each Receipt this Period 50.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. LEOPOLD, GERALD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2507 AMHERST DR.
 City WICHITA FALLS State TX Zip Code 76308-5327
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UNITED SUPERMARKETS Occupation (for Individual) REGISTERED PHARMACIST
 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
 06 / 05 / 2016
Transaction ID : SA17.334741
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	125.00
TOTAL 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 36 OF 78
<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)
Committee to Defend the President

A. LEOPOLD, GERALD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2507 AMHERST DR.
 City WICHITA FALLS State TX Zip Code 76308-5327
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UNITED SUPERMARKETS Occupation (for Individual) REGISTERED PHARMACIST
 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
 06 / 02 / 2016
Transaction ID : SA17.335086
 Amount of Each Receipt this Period 50.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. LEOPOLD, GERALD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2507 AMHERST DR.
 City WICHITA FALLS State TX Zip Code 76308-5327
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UNITED SUPERMARKETS Occupation (for Individual) REGISTERED PHARMACIST
 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
 06 / 28 / 2016
Transaction ID : SA17.338415
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. LINEBERRY, WALT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 13550 NORLAND ST.
 City SAN ANTONIO State TX Zip Code 78232-4917
 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
 06 / 18 / 2016
Transaction ID : SA17.336281
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	325.00
TOTAL 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 37 OF 78
<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)
Committee to Defend the President

A. LORENZ, ALONAH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 160 40TH AVE SE
 City BENSON State MN Zip Code 56215-1358
 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 ▼ 220.00

Date of Receipt 06 / 05 / 2016
Transaction ID : SA17.334985
 Amount of Each Receipt this Period 35.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. LORENZ, ALONAH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 160 40TH AVE SE
 City BENSON State MN Zip Code 56215-1358
 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 ▼ 220.00

Date of Receipt 06 / 16 / 2016
Transaction ID : SA17.336101
 Amount of Each Receipt this Period 30.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. MACKRIZZ, LUIS, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. BOX 18580
 P.O. BOX 18580
 City CORPUS CHRISTI State TX Zip Code 78480-8580
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MYSELF Occupation (for Individual) PHYSICIAN
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 06 / 05 / 2016
Transaction ID : SA17.335033
 Amount of Each Receipt this Period 50.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	115.00
TOTAL 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 38 OF 78
<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)
Committee to Defend the President

A. MAGNUSSON, ROBERT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2013 MISTY HAVEN LANE
 City PLANO State TX Zip Code 75093-2508
 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
 06 / 23 / 2016
Transaction ID : SA17.338139
 Amount of Each Receipt this Period
 250.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. MARCLEY, MIKE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2314 FLORAL WAY
 City SANTA ROSA State CA Zip Code 95403-8903
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) RE BROKER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 23 / 2016
Transaction ID : SA17.338086
 Amount of Each Receipt this Period
 100.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. MASETTI, PAOLO, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 848 CARILLON CT
 City CREVE COEUR State MO Zip Code 63141-6316
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) IPC BJC ST LOUIS Occupation (for Individual) M.D.
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 475.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 04 / 2016
Transaction ID : SA17.334966
 Amount of Each Receipt this Period
 25.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	375.00
TOTAL 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 39 OF 78
<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)
Committee to Defend the President

A. MASETTI, PAOLO, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 848 CARILLON CT
 City CREVE COEUR State MO Zip Code 63141-6316
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) IPC BJC ST LOUIS Occupation (for Individual) M.D.
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 475.00

Date of Receipt 06 / 17 / 2016
Transaction ID : SA17.335856
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. MASILKO, SARA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 210 CIRCLEHILLS DR.
 City GRAND FORKS State ND Zip Code 58201-7921
 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 ▼ 225.00

Date of Receipt 06 / 05 / 2016
Transaction ID : SA17.335053
 Amount of Each Receipt this Period 50.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. MASILKO, SARA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 210 CIRCLEHILLS DR.
 City GRAND FORKS State ND Zip Code 58201-7921
 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 ▼ 225.00

Date of Receipt 06 / 24 / 2016
Transaction ID : SA17.337617
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	100.00
TOTAL 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 40 OF 78
<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)
Committee to Defend the President

A. MATZKA, RICHARD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4800 LORWOOD DR.
 MI
 City SMITHS CREEK State MI Zip Code 48074-1528
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 DSL CASTING & FORGING INTERNATIONAL, I SALES
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 05 / 2016
Transaction ID : SA17.335007
 Amount of Each Receipt this Period
 40.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. MATZKA, RICHARD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4800 LORWOOD DR.
 MI
 City SMITHS CREEK State MI Zip Code 48074-1528
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 DSL CASTING & FORGING INTERNATIONAL, I SALES
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2016
Transaction ID : SA17.338632
 Amount of Each Receipt this Period
 50.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. MCMANUS, JIM, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 88 CHESTNUT ST
 City WESTON State MA Zip Code 02493-1533
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 SELF COMM. REAL ESTATE
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 285.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 05 / 2016
Transaction ID : SA17.335074
 Amount of Each Receipt this Period
 50.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	140.00
TOTAL 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 41 OF 78
<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)
Committee to Defend the President

A. MCMANUS, JIM, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 88 CHESTNUT ST
 City WESTON State MA Zip Code 02493-1533
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) COMM. REAL ESTATE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 285.00

Date of Receipt 06 / 05 / 2016
Transaction ID : SA17.335083
 Amount of Each Receipt this Period 50.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. MCMANUS, JIM, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 88 CHESTNUT ST
 City WESTON State MA Zip Code 02493-1533
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) COMM. REAL ESTATE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 285.00

Date of Receipt 06 / 17 / 2016
Transaction ID : SA17.336042
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. MCMANUS, JIM, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 88 CHESTNUT ST
 City WESTON State MA Zip Code 02493-1533
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) COMM. REAL ESTATE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 285.00

Date of Receipt 06 / 17 / 2016
Transaction ID : SA17.336240
 Amount of Each Receipt this Period 100.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	175.00
TOTAL 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 42 OF 78
<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)
Committee to Defend the President

A. MULLANEY, KATHRYN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 3127

City NARRAGANSETT	State RI	Zip Code 02882-0795
----------------------	-------------	------------------------

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
 06 / 28 / 2016

Transaction ID : SA17.338667

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

B. NICOLL, SHARON, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 341 KINGSTON AVE.

City MARTINEZ	State CA	Zip Code 94553-4015
------------------	-------------	------------------------

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 M / D D D / Y Y Y Y Y Y
 06 / 17 / 2016

Transaction ID : SA17.336237

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

C. NICOLL, SHARON, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 341 KINGSTON AVE.

City MARTINEZ	State CA	Zip Code 94553-4015
------------------	-------------	------------------------

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 M / D D D / Y Y Y Y Y Y
 06 / 22 / 2016

Transaction ID : SA17.338123

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	700.00
TOTAL 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 43 OF 78
<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)
Committee to Defend the President

A. NOBLE, THOMAS, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5990 PINKSTAFF LANE
 City BEAUMONT State TX Zip Code 77706-2511
 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 ▼ 225.00

Date of Receipt **06 / 05 / 2016**
Transaction ID : SA17.335105
 Amount of Each Receipt this Period 100.00
 Memo Item CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. POHRER, JACK, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 15 OVERBROOK DR.
 City SAINT LOUIS State MO Zip Code 63124-1482
 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 ▼ 350.00

Date of Receipt **06 / 16 / 2016**
Transaction ID : SA17.336276
 Amount of Each Receipt this Period 250.00
 Memo Item CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. POHRER, JACK, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 15 OVERBROOK DR.
 City SAINT LOUIS State MO Zip Code 63124-1482
 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 ▼ 350.00

Date of Receipt **06 / 25 / 2016**
Transaction ID : SA17.338119
 Amount of Each Receipt this Period 100.00
 Memo Item CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	450.00
TOTAL 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 44 OF 78
<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)
Committee to Defend the President

A. PREJEAN, CURTIS, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2811 FALMOTH DR.
 City SHREVEPORT State LA Zip Code 71106-8430
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RED RIVER CV SURGEONS Occupation (for Individual) CV SURGEON
 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
 06 / 18 / 2016
Transaction ID : SA17.336279
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. RADCLIFF, JERRY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5595 THATCH CT.
 City PRESCOTT State AZ Zip Code 86305-3824
 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
 06 / 18 / 2016
Transaction ID : SA17.336282
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. RAHN, NOEL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7119 ANTRIM CT.
 City MINNEAPOLIS State MN Zip Code 55439-1702
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) GERONIMO ENERGY Occupation (for Individual) ALTERNATIVE ENERGIES.
 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
 06 / 23 / 2016
Transaction ID : SA17.338135
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	750.00
TOTAL 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: PAGE 45 OF 78
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. RAMIREZ, DIEGO, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 681 E LA VISTA AVE
 City DINUBA State CA Zip Code 93618-2752
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) ABLE Occupation (for Individual) WORK
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 255.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 05 / 2016
Transaction ID : SA17.334399
 Amount of Each Receipt this Period 5.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. RAMIREZ, DIEGO, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 681 E LA VISTA AVE
 City DINUBA State CA Zip Code 93618-2752
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) ABLE Occupation (for Individual) WORK
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 255.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 05 / 2016
Transaction ID : SA17.334586
 Amount of Each Receipt this Period 10.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. RAMIREZ, DIEGO, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 681 E LA VISTA AVE
 City DINUBA State CA Zip Code 93618-2752
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) ABLE Occupation (for Individual) WORK
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 255.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 05 / 2016
Transaction ID : SA17.334603
 Amount of Each Receipt this Period 10.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶ 25.00
TOTAL 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 46 OF 78
<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)
Committee to Defend the President

A. RAMIREZ, DIEGO, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 681 E LA VISTA AVE

City DINUBA	State CA	Zip Code 93618-2752
----------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
255.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		05		2016

Transaction ID : SA17.334801

Amount of Each Receipt this Period
25.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

Mailing Address 681 E LA VISTA AVE

City DINUBA	State CA	Zip Code 93618-2752
----------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
255.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		05		2016

Transaction ID : SA17.334821

Amount of Each Receipt this Period
25.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

Mailing Address 681 E LA VISTA AVE

City DINUBA	State CA	Zip Code 93618-2752
----------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
255.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Transaction ID : SA17.336627

Amount of Each Receipt this Period
5.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	55.00
TOTAL 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 47 OF 78
<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)
Committee to Defend the President

A. 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) SELF Occupation (for Individual) MANAGER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **06 / 28 / 2016**
Transaction ID : SA17.338662
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. RICHERT, JOSEPH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 34180 HURON RIVER DRIVE
 City NEW BOSTON State MI Zip Code 48164-9779
 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 **06 / 05 / 2016**
Transaction ID : SA17.335104
 Amount of Each Receipt this Period 100.00
 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 ▼ 1550.00

Date of Receipt **06 / 05 / 2016**
Transaction ID : SA17.335121
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	600.00
TOTAL 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 48 OF 78
<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)
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 ▼ 1550.00

Date of Receipt **06 / 09 / 2016**
Transaction ID : SA17.335342
 Amount of Each Receipt this Period 100.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. 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 ▼ 1550.00

Date of Receipt **06 / 16 / 2016**
Transaction ID : SA17.336286
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. ROGERS, JON, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1731 AVIATION BLVD
 City LINCOLN State CA Zip Code 95648-9317
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RFC Occupation (for Individual) MANAGER
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt **06 / 23 / 2016**
Transaction ID : SA17.338096
 Amount of Each Receipt this Period 100.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	450.00
TOTAL 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 49 OF 78
<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)
Committee to Defend the President

A. ROOZEN, MICHAEL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 453 SILVER SHADOW DRIVE
 City SAN MARCOS State CA Zip Code 92078-4457
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) OWNER/RUBBERSTAMPCHAMP.COM Occupation (for Individual) BUSINESS OWNER
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 750.00

Date of Receipt **06 / 05 / 2016**
Transaction ID : SA17.335119
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. RUBRECHT, HELEN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3626 COLORADO CT.
 City FORT WAYNE State IN Zip Code 46815-6601
 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 **06 / 17 / 2016**
Transaction ID : SA17.336132
 Amount of Each Receipt this Period 50.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. SACKRIDER, ROBERT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 308OAK ST
 City LADY LAKE State FL Zip Code 32159-3745
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SACKROOFING INC Occupation (for Individual) ROOFING CONTRACTOR
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

Date of Receipt **06 / 05 / 2016**
Transaction ID : SA17.335118
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	550.00
TOTAL 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 50 OF 78
<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)
Committee to Defend the President

A. SALA, ROBERT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2 MOONLIGHT DRIVE
 City BARNEGAT State NJ Zip Code 08005-1171
 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 06 / 09 / 2016
Transaction ID : SA17.335329
 Amount of Each Receipt this Period 50.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. SEELY, GAIL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2701 WEST 2000 SOUTH
 City REXBURG State ID Zip Code 83440-4032
 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 06 / 05 / 2016
Transaction ID : SA17.335089
 Amount of Each Receipt this Period 50.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. SHACKLEY, DOUGLAS, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address DOUGLAS
 City PLEASANTON State CA Zip Code 94588-
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) PACIFIC AUXILIARY FIRE ALARM CO.. Occupation (for Individual) BUSINESS OWNER
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 295.16

Date of Receipt 06 / 05 / 2016
Transaction ID : SA17.334452
 Amount of Each Receipt this Period 10.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶ 110.00
TOTAL 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 51 OF 78
<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)
Committee to Defend the President

A. SHACKLEY, DOUGLAS, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address DOUGLAS
 City PLEASANTON State CA Zip Code 94588-
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) PACIFIC AUXILIARY FIRE ALARM CO.. Occupation (for Individual) BUSINESS OWNER
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **295.16**

Date of Receipt **06 / 05 / 2016**
Transaction ID : SA17.334675
 Amount of Each Receipt this Period **15.00**
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. SHAPIRO, JANET, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11 BEACH STREET
 City MANCHESTER State MA Zip Code 01944-1548
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) ANANDA SHANTI YOGA & WELLNESS CENTER Occupation (for Individual) SMALL BUSINESS OWNER
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **300.00**

Date of Receipt **06 / 05 / 2016**
Transaction ID : SA17.335103
 Amount of Each Receipt this Period **100.00**
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. SIMEK, LAUREN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3100 N. BROOK HILLS DRIVE
 City GREEN BAY State WI Zip Code 54313-8280
 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 **750.00**

Date of Receipt **06 / 05 / 2016**
Transaction ID : SA17.335120
 Amount of Each Receipt this Period **250.00**
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	365.00
TOTAL 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 52 OF 78
<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)
Committee to Defend the President

A. SIMON, ALLEN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1383 N CRISS ST
 City CHANDLER State AZ Zip Code 85226-1307
 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 ▼ 225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 05 / 2016
Transaction ID : SA17.334894
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. SIMON, ALLEN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1383 N CRISS ST
 City CHANDLER State AZ Zip Code 85226-1307
 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 ▼ 225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 21 / 2016
Transaction ID : SA17.338092
 Amount of Each Receipt this Period 100.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. SKINNER, RALPH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6201 CR 700
 City BLUE MOUNTAIN State MS Zip Code 38610-9667
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) SALES AGENT
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 05 / 2016
Transaction ID : SA17.335049
 Amount of Each Receipt this Period 50.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	175.00
TOTAL 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 53 OF 78
<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)
Committee to Defend the President

A. SKINNER, RALPH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6201 CR 700
 City BLUE MOUNTAIN State MS Zip Code 38610-9667
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) SALES AGENT
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00

Date of Receipt **06 / 17 / 2016**
Transaction ID : SA17.336157
 Amount of Each Receipt this Period 50.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. SPIKES, WARREN, W., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. BOX 578
 City HUGOTON State KS Zip Code 67951-0578
 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 ▼ 225.00

Date of Receipt **06 / 05 / 2016**
Transaction ID : SA17.334719
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. SPIKES, WARREN, W., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. BOX 578
 City HUGOTON State KS Zip Code 67951-0578
 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 ▼ 225.00

Date of Receipt **06 / 21 / 2016**
Transaction ID : SA17.337356
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶ 100.00
TOTAL 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 54 OF 78
<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)
Committee to Defend the President

A. SPIKES, WARREN, W., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. BOX 578

City HUGOTON	State KS	Zip Code 67951-0578
-----------------	-------------	------------------------

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 ▼
225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 29 / 2016
Transaction ID : SA17.338433

Amount of Each Receipt this Period
25.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

B. STEFFEN, MARK, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 15 BANK ST
115H

City WHITE PLAINS	State NY	Zip Code 10606-1917
----------------------	-------------	------------------------

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

Name of Employer (for Individual) E-J ELACTRIC	Occupation (for Individual) CONSTRUCTION EXEC
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 05 / 2016
Transaction ID : SA17.335111

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

C. SWEET, STEPHEN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 13102 INDIAN CREEK

City HOUSTON	State TX	Zip Code 77079-7218
-----------------	-------------	------------------------

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

Name of Employer (for Individual) ALLIANCE RESIDENTIAL COMPANY	Occupation (for Individual) REAL ESTATE DEVELOPMENT
---	--

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
 06 / 22 / 2016
Transaction ID : SA17.338136

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	375.00
TOTAL 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 55 OF 78
<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)
Committee to Defend the President

A. TAKAHASHI, MICHIO, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 656 JOSHUA COURT
 City WALNUT CREEK State CA Zip Code 94598-1726
 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 ▼ 228.00

Date of Receipt **06 / 05 / 2016**
Transaction ID : SA17.334767
 Amount of Each Receipt this Period 25.00
 Memo Item CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. TAKAHASHI, MICHIO, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 656 JOSHUA COURT
 City WALNUT CREEK State CA Zip Code 94598-1726
 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 ▼ 228.00

Date of Receipt **06 / 08 / 2016**
Transaction ID : SA17.335228
 Amount of Each Receipt this Period 15.00
 Memo Item CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. TAKAHASHI, MICHIO, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 656 JOSHUA COURT
 City WALNUT CREEK State CA Zip Code 94598-1726
 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 ▼ 228.00

Date of Receipt **06 / 17 / 2016**
Transaction ID : SA17.336107
 Amount of Each Receipt this Period 38.00
 Memo Item CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	78.00
TOTAL 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 56 OF 78
<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)
Committee to Defend the President

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. TEUFEL, DENNIS, , ,		Date of Receipt MM / DD / YYYY 06 / 05 / 2016 Transaction ID : SA17.335041
Mailing Address P.O.BOX 5596 SCOTTSDALEAZ		Amount of Each Receipt this Period 50.00
City SCOTTSDALE	State AZ	Zip Code 85261-5596
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item CONTRIBUTION
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	NON CONTRIBUTION ACCOUNT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. THOMAS, PATRICIA, , ,		Date of Receipt MM / DD / YYYY 06 / 17 / 2016 Transaction ID : SA17.336287
Mailing Address 1400 N HARRIS RDG		Amount of Each Receipt this Period 300.00
City ATLANTA	State GA	Zip Code 30327-4423
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item CONTRIBUTION
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	NON CONTRIBUTION ACCOUNT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. TUTTLE, LEE, , ,		Date of Receipt MM / DD / YYYY 06 / 05 / 2016 Transaction ID : SA17.334733
Mailing Address 4718 HALLMARK DR. 102		Amount of Each Receipt this Period 25.00
City HOUSTON	State TX	Zip Code 77056-3909
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item CONTRIBUTION
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	NON CONTRIBUTION ACCOUNT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 695.00	

SUBTOTAL of Receipts This Page (optional).....▶	375.00
TOTAL 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 57 OF 78
<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)
Committee to Defend the President

A. TUTTLE, LEE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4718 HALLMARK DR.
 102
 City HOUSTON State TX Zip Code 77056-3909
 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 ▼ 695.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 03 / 2016
Transaction ID : SA17.334962
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. TUTTLE, LEE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4718 HALLMARK DR.
 102
 City HOUSTON State TX Zip Code 77056-3909
 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 ▼ 695.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 08 / 2016
Transaction ID : SA17.335294
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. TUTTLE, LEE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4718 HALLMARK DR.
 102
 City HOUSTON State TX Zip Code 77056-3909
 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 ▼ 695.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 16 / 2016
Transaction ID : SA17.335794
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	75.00
TOTAL 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 58 OF 78
<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)
Committee to Defend the President

A. TUTTLE, LEE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4718 HALLMARK DR.
 102
 City HOUSTON State TX Zip Code 77056-3909
 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 ▼ 695.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 24 / 2016
Transaction ID : SA17.337665
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. VLASIC, ROBERT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1910 RATHMOR ROAD
 City BLOOMFIELD HILLS State MI Zip Code 48304-2149
 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
 06 / 30 / 2016
Transaction ID : SA17.338668
 Amount of Each Receipt this Period 500.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. WEBER, EDWARD, V., MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P O BOX 1165
 City PORT EWEN State NY Zip Code 12466-1165
 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 ▼ 920.16

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 09 / 2016
Transaction ID : SA17.335337
 Amount of Each Receipt this Period 50.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	575.00
TOTAL 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 59 OF 78
<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)
Committee to Defend the President

A. WEBER, EDWARD, V., MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P O BOX 1165

City PORT EWEN	State NY	Zip Code 12466-1165
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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 ▼
920.16

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 19 / 2016
Transaction ID : SA17.336171

Amount of Each Receipt this Period
 50.00

Memo Item
 CONTRIBUTION

NON CONTRIBUTION ACCOUNT

B. WEBER, EDWARD, V., MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P O BOX 1165

City PORT EWEN	State NY	Zip Code 12466-1165
-------------------	-------------	------------------------

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 ▼
920.16

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 22 / 2016
Transaction ID : SA17.337493

Amount of Each Receipt this Period
 25.00

Memo Item
 CONTRIBUTION

NON CONTRIBUTION ACCOUNT

C. WEBER, EDWARD, V., MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P O BOX 1165

City PORT EWEN	State NY	Zip Code 12466-1165
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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 ▼
920.16

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 24 / 2016
Transaction ID : SA17.337666

Amount of Each Receipt this Period
 25.00

Memo Item
 CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	100.00
TOTAL 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 60 OF 78
<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)
Committee to Defend the President

A. WEBER, EDWARD, V., MR.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address P O BOX 1165

City PORT EWEN	State NY	Zip Code 12466-1165
-------------------	-------------	------------------------

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 ▼
920.16

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	27	/	2016

Transaction ID : SA17.337851

Amount of Each Receipt this Period
25.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

Mailing Address 20 PRIMROSE CIR

City CLINTONVILLE	State WI	Zip Code 54929-9798
----------------------	-------------	------------------------

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 ▼
245.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	02	/	2016

Transaction ID : SA17.334942

Amount of Each Receipt this Period
25.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

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

Mailing Address 20 PRIMROSE CIR

City CLINTONVILLE	State WI	Zip Code 54929-9798
----------------------	-------------	------------------------

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 ▼
245.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	05	/	2016

Transaction ID : SA17.335018

Amount of Each Receipt this Period
40.00

Memo Item
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	90.00
TOTAL 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 61 OF 78
<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)
Committee to Defend the President

A. WEHDE, ROBERT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 20 PRIMROSE CIR
 City CLINTONVILLE State WI Zip Code 54929-9798
 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 ▼ 245.00

Date of Receipt 06 / 28 / 2016
Transaction ID : SA17.338420
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. WHITE, ROBERT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1850 DELPHINA COURT
 City CAMERON PARK State CA Zip Code 95682-8963
 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 ▼ 325.00

Date of Receipt 06 / 05 / 2016
Transaction ID : SA17.335115
 Amount of Each Receipt this Period 100.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. WHITE, ROBERT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1850 DELPHINA COURT
 City CAMERON PARK State CA Zip Code 95682-8963
 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 ▼ 325.00

Date of Receipt 06 / 16 / 2016
Transaction ID : SA17.336220
 Amount of Each Receipt this Period 100.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....	225.00
TOTAL 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 62 OF 78
<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)
Committee to Defend the President

A. WRIGHT, KARRIE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 14 E 75TH ST
 7E
 City NEW YORK State NY Zip Code 10021-2625
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) SELF
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt 06 / 05 / 2016
Transaction ID : SA17.334724
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

B. WYNNE, WILLARD, J., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 473 NANCY JACK ROAD
 City GERRARDSTOWN State WV Zip Code 25420-3826
 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 ▼ 260.00

Date of Receipt 06 / 21 / 2016
Transaction ID : SA17.337949
 Amount of Each Receipt this Period 50.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

C. YAZDAN,MD, DAVID, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1 CHANNEL DR.
 1013 1013
 City MONMOUTH BEACH State NJ Zip Code 07750-1365
 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 ▼ 400.00

Date of Receipt 06 / 05 / 2016
Transaction ID : SA17.335095
 Amount of Each Receipt this Period 100.00
 Memo Item
 CONTRIBUTION
 NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶	175.00
TOTAL 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: PAGE 63 OF 78
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. RESPONSE DIRECT MAIL
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 418 W BRADDOCK RD
 City ALEXANDRIA State VA Zip Code 22302
 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 ▼
 3234.12

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 16 / 2016
Transaction ID : SA17.85958
 Amount of Each Receipt this Period
 3234.12
 Memo Item
LIST RENTAL INCOME

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

SUBTOTAL of Receipts This Page (optional).....	3234.12
TOTAL This Period (last page this line number only).....	19265.12

**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

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)
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
CREATIVE AND DEPLOYMENT SERVICES

Candidate Name

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

Date of Disbursement

MM / DD / YYYY
06 / 08 / 2016

FEC Identification Number

C
Transaction ID : SB21B.I8596i
Amount of Each Disbursement this Period
4225.00

Memo Item

Full Name (Last, First, Middle Initial)

B. CAMPAIGN SOLUTIONS

Mailing Address 117 N SAINT ASAPH ST.

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
PAYMENT PROCESSING FEES

Candidate Name

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

Date of Disbursement

MM / DD / YYYY
06 / 08 / 2016

FEC Identification Number

C
Transaction ID : SB21B.I8597c
Amount of Each Disbursement this Period
365.00

Memo Item

Full Name (Last, First, Middle Initial)

C. CMDI

Mailing Address 1593 SPRING HILL RD
SUITE 400

City VIENNA State VA Zip Code 22182

Purpose of Disbursement
CAREY ACCT: COMPLIANCE SOFTWARE

Candidate Name

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

Date of Disbursement

MM / DD / YYYY
06 / 30 / 2016

FEC Identification Number

C
Transaction ID : SB21B.I8598
Amount of Each Disbursement this Period
125.00

Memo Item

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

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

4590.00
4590.00

**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)
Committee to Defend the President

Full Name (Last, First, Middle Initial) A. FERGUSON, DONNY, , ,		Date of Disbursement MM / DD / YYYY 06 / 01 / 2016
Mailing Address 101 SKYHILL ROAD #203		FEC Identification Number C [] Transaction ID : SB29.I85979
City ALEXANDRIA	State VA	Zip Code 22314
Purpose of Disbursement CAREY ACCT: POLITICAL AND CONTENT SERVICES CONSULTING		Amount of Each Disbursement this Period [] 2000.00
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. DB CAPITOL STRATEGIES		Date of Disbursement MM / DD / YYYY 06 / 30 / 2016
Mailing Address 203 SOUTH UNION STREET SUITE 300		FEC Identification Number C [] Transaction ID : SB29.I85981
City ALEXANDRIA	State VA	Zip Code 22314-3356
Purpose of Disbursement CAREY ACCT: REIMBURSEMENTS (SEE BELOW)		Amount of Each Disbursement this Period [] 2150.00
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) C. DELANO, JOSHUA, , ,		Date of Disbursement MM / DD / YYYY 06 / 30 / 2016
Mailing Address P.O. BOX 423		FEC Identification Number C [] Transaction ID : SB29.I85985
City ORANGEFIELD	State TX	Zip Code 77639
Purpose of Disbursement CAREY ACCT: MEDIA SERVICES		Amount of Each Disbursement this Period [] 2025.00
Candidate Name		<input checked="" 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	

SUBTOTAL of Disbursements This Page (optional).....▶	[] 4150.00
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)
Committee to Defend the President

Full Name (Last, First, Middle Initial) A. DB CAPITOL STRATEGIES		Date of Disbursement MM / DD / YYYY 06 / 30 / 2016
Mailing Address 203 SOUTH UNION STREET SUITE 300		FEC Identification Number C [REDACTED] Transaction ID : SB29.I85982
City ALEXANDRIA	State VA	Zip Code 22314-3356
Purpose of Disbursement CAREY ACCT: LEGAL AND COMPLIANCE SERVICES		Amount of Each Disbursement this Period 5000.00
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. EDONATION		Date of Disbursement MM / DD / YYYY 06 / 06 / 2016
Mailing Address 117 NORTH SAINT ASAPH ST		FEC Identification Number C [REDACTED] Transaction ID : SB29.I85992
City ALEXANDRIA	State VA	Zip Code 22314
Purpose of Disbursement CAREY ACCT: PAYMENT PROCESSING FEES		Amount of Each Disbursement this Period 945.78
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) C. EDONATION		Date of Disbursement MM / DD / YYYY 06 / 13 / 2016
Mailing Address 117 NORTH SAINT ASAPH ST		FEC Identification Number C [REDACTED] Transaction ID : SB29.I85993
City ALEXANDRIA	State VA	Zip Code 22314
Purpose of Disbursement CAREY ACCT: PAYMENT PROCESSING FEES		Amount of Each Disbursement this Period 241.32
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).....▶	6187.10
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)
Committee to Defend the President

Full Name (Last, First, Middle Initial)

A. EDONATION

Mailing Address 117 NORTH SAINT ASAPH ST

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
CAREY ACCT: PAYMENT PROCESSING FEES

Candidate Name

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

Date of Disbursement

MM / DD / YYYY
06 / 20 / 2016

FEC Identification Number

C
Transaction ID : SB29.185994
Amount of Each Disbursement this Period
1295.52

Memo Item

Full Name (Last, First, Middle Initial)

B. EDONATION

Mailing Address 117 NORTH SAINT ASAPH ST

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
CAREY ACCT: PAYMENT PROCESSING FEES

Candidate Name

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

Date of Disbursement

MM / DD / YYYY
06 / 27 / 2016

FEC Identification Number

C
Transaction ID : SB29.185995
Amount of Each Disbursement this Period
2140.49

Memo Item

Full Name (Last, First, Middle Initial)

C. EDONATION

Mailing Address 117 NORTH SAINT ASAPH ST

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
CAREY ACCT: PAYMENT PROCESSING FEES

Candidate Name

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

Date of Disbursement

MM / DD / YYYY
06 / 30 / 2016

FEC Identification Number

C
Transaction ID : SB29.185996
Amount of Each Disbursement this Period
669.78

Memo Item

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

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

4105.79

**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)
Committee to Defend the President

A. MDS COMMUNICATIONS CORPORATIONS

Full Name (Last, First, Middle Initial)

Mailing Address 545 W. JUANITA AVENUE

City MESA State AZ Zip Code 85210

Purpose of Disbursement CAREY ACCT - DATA SERVICES

Candidate Name

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

State: District:

Date of Disbursement: 06 / 03 / 2016

FEC Identification Number: C

Transaction ID : SB29.185988

Amount of Each Disbursement this Period: 1168.95

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

SUBTOTAL of Disbursements This Page (optional).....▶	1168.95
TOTAL This Period (last page this line number only).....▶	15611.84

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 69 OF 78
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Campaign Solutions			Nature of Debt (Purpose): Email Deployment Costs
Mailing Address 117 N. Saint Asaph St.			
City Alexandria	State VA	Zip Code 22314	

Outstanding Balance Beginning This Period 0.00	Transaction ID : SD.92579	
Amount Incurred This Period 15442.21	Payment This Period 0.00	Outstanding Balance at Close of This Period 15442.21

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor CD, Inc			Nature of Debt (Purpose): Facebook Advertising
Mailing Address PO Box 1877			
City Alexandria	State VA	Zip Code 22313	

Outstanding Balance Beginning This Period 3400.00	Transaction ID : SD.83883	
Amount Incurred This Period 0.00	Payment This Period 3400.00	Outstanding Balance at Close of This Period 0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor CD, Inc.			Nature of Debt (Purpose): Facebook Advertising
Mailing Address PO Box 1877			
City Alexandria	State VA	Zip Code 22313	

Outstanding Balance Beginning This Period 2000.00	Transaction ID : SD.85357	
Amount Incurred This Period 0.00	Payment This Period 2000.00	Outstanding Balance at Close of This Period 0.00

1) SUBTOTALS This Period This Page (optional)..... ▶	15442.21
2) TOTALS This Period (last page this line number only)..... ▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	
4) ADD 2) and 3) 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 70 OF 78
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/>	9
<input checked="" type="checkbox"/>	10

NAME OF COMMITTEE (In Full)
Committee to Defend the President

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor MDS Communications			Nature of Debt (Purpose): Phone Voter Contact
Mailing Address 545 W Juanita Ave			
City Mesa	State AZ	Zip Code 85210	

Outstanding Balance Beginning This Period 0.00		Transaction ID : SD.92554	
Amount Incurred This Period 9310.25	Payment This Period 0.00	Outstanding Balance at Close of This Period 9310.25	

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

1) SUBTOTALS This Period This Page (optional)..... ▶	9310.25
2) TOTALS This Period (last page this line number only)..... ▶	24752.46
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	0.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	24752.46

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
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: CAMPAIGN SOLUTIONS
PART OF PREVIOUSLY REPORTED ESTIMATE
Mailing Address: 117 N SAINT ASAPH ST.
City: ALEXANDRIA, State: VA, Zip Code: 22314
Purpose of Expenditure: EMAIL DEPLOYMENT COSTS
Category/Type:
Name of Federal Candidate: CLINTON, HILLARY, , ,
Support: [X] Oppose: []
Office Sought: [X] President
Disbursement For: [X] General
Amount: 15442.21
Transaction ID: SE24.92579
Date of Disbursement or Obligation: 07/06/2016
Calendar Year-To-Date Per Election for Office Sought: 136114.06

Full Name of Payee: MDS COMMUNICATIONS CORPORATIONS
PART OF PREVIOUSLY REPORTED ESTIMATE
Mailing Address: 545 W. JUANITA AVENUE
City: MESA, State: AZ, Zip Code: 85210
Purpose of Expenditure: PHONE VOTER CONTACT
Category/Type:
Name of Federal Candidate: CLINTON, HILLARY, , ,
Support: [] Oppose: [X]
Office Sought: [X] President
Disbursement For: [X] General
Amount: 9310.25
Transaction ID: SE24.92554
Date of Disbursement or Obligation: 07/18/2016
Calendar Year-To-Date Per Election for Office Sought: 136114.06

(a) SUBTOTAL of Itemized Independent Expenditures 0.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....
(c) TOTAL Independent Expenditures

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 07/06/2016

Signature

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

NAME OF COMMITTEE (In Full) Committee to Defend the President	FEC IDENTIFICATION NUMBER ▼ C C00544767
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Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee <input type="checkbox"/> Memo Item CAMPAIGN SOLUTIONS		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address 117 N SAINT ASAPH ST.		Amount <input type="text"/>	
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SE24.85997
Purpose of Expenditure CREATIVE AND DEPLOYMENT SERVICES		Category/Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: CLINTON, HILLARY, , ,		<input type="checkbox"/> Support <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 <input type="text"/>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <input type="checkbox"/> Memo Item CAMPAIGN SOLUTIONS		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address 117 N SAINT ASAPH ST.		Amount <input type="text"/>	
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SE24.85969
Purpose of Expenditure ONLINE VOTER CONTACT		Category/Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: CLINTON, HILLARY, , ,		<input type="checkbox"/> Support <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 <input type="text"/>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures	<input type="text"/>
(b) SUBTOTAL of Unitemized Independent Expenditures.....	<input type="text"/>
(c) TOTAL Independent Expenditures	<input type="text"/>

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 / /

Signature

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

NAME OF COMMITTEE (In Full) 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 CAMPAIGN SOLUTIONS <input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address 117 N SAINT ASAPH ST.		Amount <input type="text"/>	
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SE24.85998
Purpose of Expenditure CREATIVE AND DEPLOYMENT SERVICES		Category/ Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: CLINTON, HILLARY, , ,		<input type="checkbox"/> Support <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 <input type="text"/>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee CAMPAIGN SOLUTIONS <input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address 117 N SAINT ASAPH ST.		Amount <input type="text"/>	
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SE24.85999
Purpose of Expenditure CREATIVE AND DEPLOYMENT SERVICES		Category/ Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: CLINTON, HILLARY, , ,		<input type="checkbox"/> Support <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 <input type="text"/>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures	<input type="text"/>
(b) SUBTOTAL of Unitemized Independent Expenditures.....	<input type="text"/>
(c) TOTAL Independent Expenditures	<input type="text"/>

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BACKER, DAN, , ,

[Electronically Filed]

Date / /

Signature

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

NAME OF COMMITTEE (In Full) Committee to Defend the President	FEC IDENTIFICATION NUMBER ▼ C C00544767
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Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee CAMPAIGN SOLUTIONS <input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address 117 N SAINT ASAPH ST.		Amount <input type="text"/>	
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SE24.86000
Purpose of Expenditure CREATIVE AND DEPLOYMENT SERVICES		Category/ Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: CLINTON, HILLARY, , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: _____	
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 136114.06		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee CAMPAIGN SOLUTIONS <input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address 117 N SAINT ASAPH ST.		Amount <input type="text"/>	
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SE24.86001
Purpose of Expenditure CREATIVE AND DEPLOYMENT SERVICES		Category/ Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: CLINTON, HILLARY, , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: _____	
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 136114.06		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures	<input type="text"/> 5594.35
(b) SUBTOTAL of Unitemized Independent Expenditures.....	<input type="text"/>
(c) TOTAL Independent Expenditures	<input type="text"/>

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

/ /

Signature

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

NAME OF COMMITTEE (In Full) Committee to Defend the President	FEC IDENTIFICATION NUMBER ▼ C C00544767
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Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee CAMPAIGN SOLUTIONS <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 117 N SAINT ASAPH ST.	Amount <input type="text"/> 10775.17 Transaction ID : SE24.86002 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
City ALEXANDRIA State VA Zip Code 22314	
Purpose of Expenditure LIST RENTAL FEES Category/Type <input type="text"/>	
Name of Federal Candidate: CLINTON, HILLARY, , , <input type="checkbox"/> Support <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 <input type="text"/> 136114.06	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee CD, INC. <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address P.O. BOX 1877	Amount <input type="text"/> 22650.25 Transaction ID : SE24.92417 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
City ALEXANDRIA State VA Zip Code 22313	
Purpose of Expenditure ONLINE ADVERTISING Category/Type <input type="text"/>	
Name of Federal Candidate: CLINTON, HILLARY, , , <input type="checkbox"/> Support <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 <input type="text"/> 136114.06	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures	<input type="text"/> 33425.42
(b) SUBTOTAL of Unitemized Independent Expenditures.....	<input type="text"/>
(c) TOTAL Independent Expenditures	<input type="text"/>

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 / /

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
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: FACEBOOK ADVERTISING
Date of Public Distribution/Dissemination: 05/04/2016
Amount: 3400.00
Transaction ID: SE24.83883
Date of Disbursement or Obligation: 06/27/2016

Name of Federal Candidate: CLINTON, HILLARY, , ,
Support: [], Oppose: [x]
Office Sought: [] House, [x] President, [] Senate
State: CA
Disbursement For: [x] Primary, [] General
2016 [] Other (specify)

Full Name of Payee: CD, INC.
Mailing Address: P.O. BOX 1877
City: ALEXANDRIA, State: VA, Zip Code: 22313
Purpose of Expenditure: FACEBOOK ADVERTISING
Date of Public Distribution/Dissemination: 05/02/2016
Amount: 2000.00
Transaction ID: SE24.85357
Date of Disbursement or Obligation: 06/27/2016

Name of Federal Candidate: TRUMP, DONALD, J, ,
Support: [x], Oppose: []
Office Sought: [x] President, [] House, [] Senate
State:
Disbursement For: [] Primary, [x] General
2016 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 5400.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....
(c) TOTAL Independent Expenditures

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BACKER, DAN, ,
Signature

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Date 05/04/2016

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

NAME OF COMMITTEE (In Full) Committee to Defend the President	FEC IDENTIFICATION NUMBER ▼ C C00544767
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Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee <input type="checkbox"/> Memo Item MDS COMMUNICATIONS CORPORATIONS		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address 545 W. JUANITA AVENUE		Amount <input type="text"/>	
City MESA	State AZ	Zip Code 85210	Transaction ID : SE24.85989
Purpose of Expenditure ANTI HILLARY PHONE CALLS		Category/ Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: CLINTON, HILLARY, , ,		<input type="checkbox"/> Support <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 <input type="text"/>		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 MDS COMMUNICATIONS CORPORATIONS		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address 545 W. JUANITA AVENUE		Amount <input type="text"/>	
City MESA	State AZ	Zip Code 85210	Transaction ID : SE24.85967
Purpose of Expenditure POLITICAL ADVOCACY CALLS		Category/ Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: CLINTON, HILLARY, , ,		<input type="checkbox"/> Support <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 <input type="text"/>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures	<input type="text"/>
(b) SUBTOTAL of Unitemized Independent Expenditures.....	<input type="text"/>
(c) TOTAL Independent Expenditures	<input type="text"/>

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

/ /

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
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 MDS COMMUNICATIONS CORPORATIONS
Mailing Address 545 W. JUANITA AVENUE
City MESA State AZ Zip Code 85210
Purpose of Expenditure ANTI HILLARY PHONE CALLS
Name of Federal Candidate: CLINTON, HILLARY, , ,
Calendar Year-To-Date Per Election for Office Sought 136114.06
Disbursement For: General 2016

Full Name of Payee MDS COMMUNICATIONS CORPORATIONS
Mailing Address 545 W. JUANITA AVENUE
City MESA State AZ Zip Code 85210
Purpose of Expenditure ANTI HILLARY PHONE CALLS
Name of Federal Candidate: CLINTON, HILLARY, , ,
Calendar Year-To-Date Per Election for Office Sought 136114.06
Disbursement For: General 2016

(a) SUBTOTAL of Itemized Independent Expenditures 3495.25
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures 62115.82

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 06 / 01 / 2016