

# **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)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**The Committee To Defend The President**

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

**A. BECHTOLD, LAWRENCE, , ,**

Mailing Address 300 N. GAINES ST.

City  
OAK HILL

State  
FL

Zip Code  
32759-9534

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 ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 26 / 2019

**Transaction ID : SA11A.1857210**

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

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

**B. BECK, LORRAINE, , ,**

Mailing Address 7322 ASHMONT CIRCLE  
BLDG D

City  
TAMARAC

State  
FL

Zip Code  
33321-7864

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 ▼

223.75

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 25 / 2019

**Transaction ID : SA11A.1857213**

Amount of Each Receipt this Period

35.00

☐ Memo Item  
CONTRIBUTION

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

**C. BECK, RONALD, , ,**

Mailing Address 14 SILVER OAKS LANE  
8

City  
EDWARDSVILLE

State  
IL

Zip Code  
62025-3767

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BECK AND COMPANY

Occupation (for Individual)  
INSURANCE BROKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

367.50

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 06 / 2019

**Transaction ID : SA11A.1843500**

Amount of Each Receipt this Period

35.00

☐ Memo Item  
CONTRIBUTION

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

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

170.00