

# 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.

ADDRESS (number and street)   
  
 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

3. IS THIS REPORT  NEW (N) OR  AMENDED (A)

### 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

- (b) Monthly Report Due On:
- Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)
  - Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)
  - Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)

- (c) 12-Day PRE-Election Report for the:
- Primary (12P)  General (12G)  Runoff (12R)
  - Convention (12C)  Special (12S)

Election on  /  /  in the State of

- (d) 30-Day POST-Election Report for the:
- General (30G)  Runoff (30R)  Special (30S)

Election on  /  /  in the State of

5. Covering Period  /  /  through  /  /

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer HARVEY, TED, , ,

Signature of Treasurer HARVEY, TED, , , Date  /  /

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office Use Only									
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**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

**THE COMMITTEE TO DEFEAT 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="2024"/>		<input type="text" value="16736.60"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="16736.60"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="28884.42"/>	<input type="text" value="28884.42"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="45621.02"/>	<input type="text" value="45621.02"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="42461.56"/>	<input type="text" value="42461.56"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="3159.46"/>	<input type="text" value="3159.46"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information, contact the Federal Election Commission at 800-424-9530 or visit [www.fec.gov](http://www.fec.gov)**

DETAILED SUMMARY PAGE  
of Receipts

Write or Type Committee Name

THE COMMITTEE TO DEFEAT THE PRESIDENT

Report Covering the Period: From: 01 / 01 / 2024 To: 03 / 31 / 2024

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).....	4675.00	4675.00
(ii) Unitemized .....	23250.00	23250.00
(iii) TOTAL (add Lines 11(a)(i) and (ii).....▶	27925.00	27925.00
(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) .....	27925.00	27925.00
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).....	152.42	152.42
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	807.00	807.00
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)).....▶	28884.42	28884.42
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	28884.42	28884.42

**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 .....	28981.85	28981.85
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	28981.85	28981.85
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E) .....	11995.71	11995.71
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 .....	1040.00	1040.00
(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)).....	1040.00	1040.00
29. Other Disbursements (Including Non-Federal Donations).....	444.00	444.00
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)) ..	42461.56	42461.56
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	42461.56	42461.56

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	27925.00	27925.00
34. Total Contribution Refunds (from Line 28(d)) .....	1040.00	1040.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	26885.00	26885.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	28981.85	28981.85
37. Offsets to Operating Expenditures (from Line 15, page 3).....	152.42	152.42
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	28829.43	28829.43

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: F3XN  
Transaction ID :

THIS REPORT CONTAINS A ONE-TIME AUDIT ADJUSTMENT IN ORDER TO BALANCE THE REPORT CASH ON HAND TO THE BANK BALANCE. THE DISCREPANCY OCCURRED PRIOR TO 2020 AND APPEARS TO DATE BACK TO THE 2015-2016 ELECTION CYCLE. IT LIKELY RESULTS FROM HIGH VOLUME, SMALL DOLLAR DONATIONS IMPORTED INTO THE REPORTING SOFTWARE AS ALL LARGE DOLLAR CONTRIBUTIONS AND EXPENSES HAVE BEEN VERIFIED. THE COMMITTEE DOES NOT HAVE THE RESOURCES TO DO ANY FURTHER INVESTIGATION AND IS PREPARING TO TRANSITION REPORTING TO FEC FILE, WHICH WILL LIMIT THE COMMITTEE'S ABILITY TO EXPORT ANY FURTHER INFORMATION.

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: (check only one)	PAGE 7 OF 45		
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14	<input type="checkbox"/> 11c <input type="checkbox"/> 15	<input type="checkbox"/> 12 <input type="checkbox"/> 16

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)  
**THE COMMITTEE TO DEFEAT THE PRESIDENT**

**A. AVERY, IVA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 121 HANSFORD RD  
 City BURNET State TX Zip Code 78611  
 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  
 03 / 27 / 2024  
**Transaction ID : AD1281A198E194263B97**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item

**B. BATES, THOMAS, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2661 VA BEACH BLVD  
 City VIRGINIA BEACH State VA Zip Code 23452  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RK CHEVY Occupation (for Individual) AUTOMOBILE DEALER  
 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  
 02 / 27 / 2024  
**Transaction ID : A6E5A8252FE8C464AA17**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item

**C. BATES, THOMAS, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2661 VA BEACH BLVD  
 City VIRGINIA BEACH State VA Zip Code 23452  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RK CHEVY Occupation (for Individual) AUTOMOBILE DEALER  
 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  
 02 / 27 / 2024  
**Transaction ID : A255575DE27BF4599B31**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	300.00
<b>TOTAL</b> 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 8 OF 45
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**THE COMMITTEE TO DEFEAT THE PRESIDENT**

**A. BATES, THOMAS, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2661 VA BEACH BLVD  
 City VIRGINIA BEACH State VA Zip Code 23452  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RK CHEVY Occupation (for Individual) AUTOMOBILE DEALER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 03 / 27 / 2024  
**Transaction ID : A2E1365C0BB844A2DBF4**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**B. CHRISTOPHER, DANIEL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3587 BOSTON ST  
 City DENVER State CO Zip Code 80238  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF Occupation (for Individual) ATTORNEY  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 255.00

Date of Receipt 03 / 03 / 2024  
**Transaction ID : AAC8DAD9147E140A392C**  
 Amount of Each Receipt this Period 35.00  
 Memo Item

**C. CHRISTOPHER, DANIEL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3587 BOSTON ST  
 City DENVER State CO Zip Code 80238  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF Occupation (for Individual) ATTORNEY  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 255.00

Date of Receipt 03 / 03 / 2024  
**Transaction ID : AE3316A285C854E8EAEA**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	185.00
<b>TOTAL</b> 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 9 OF 45
(check only one)	
<input checked="" 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 type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**THE COMMITTEE TO DEFEAT THE PRESIDENT**

**A. DARBY, CAROL, ELAINE, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 293 FREEMEN STREET  
 City TALLAPOOSA State GA Zip Code 30176  
 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 ▼ 205.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 05 / 2024  
**Transaction ID : A33C3C8C63E714F17A72**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item

**B. DARBY, CAROL, ELAINE, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 293 FREEMEN STREET  
 City TALLAPOOSA State GA Zip Code 30176  
 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 ▼ 205.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 05 / 2024  
**Transaction ID : AC45E85F26CA241BFA42**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item

**C. DARBY, CAROL, ELAINE, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 293 FREEMEN STREET  
 City TALLAPOOSA State GA Zip Code 30176  
 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 ▼ 205.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 05 / 2024  
**Transaction ID : A86E528D63AA145E79DF**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item

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

75.00

# 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 10 OF 45		
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14	<input type="checkbox"/> 11c <input type="checkbox"/> 15	<input type="checkbox"/> 12 <input type="checkbox"/> 16

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NAME OF COMMITTEE (In Full)  
**THE COMMITTEE TO DEFEAT THE PRESIDENT**

**A. DARBY, CAROL, ELAINE, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 293 FREEMEN STREET  
 City TALLAPOOSA State GA Zip Code 30176  
 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 ▼ 240.00

Date of Receipt **02 / 25 / 2024**  
**Transaction ID : AAB975D12E28341448AD**  
 Amount of Each Receipt this Period 35.00  
 Memo Item

**B. DARBY, CAROL, ELAINE, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 293 FREEMEN STREET  
 City TALLAPOOSA State GA Zip Code 30176  
 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 **03 / 03 / 2024**  
**Transaction ID : A5AB0F3D9E2D84D82B86**  
 Amount of Each Receipt this Period 35.00  
 Memo Item

**C. DARBY, CAROL, ELAINE, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 293 FREEMEN STREET  
 City TALLAPOOSA State GA Zip Code 30176  
 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 **03 / 05 / 2024**  
**Transaction ID : A6C70E804BCD442A3894**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	95.00
<b>TOTAL</b> 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 45
<input checked="" 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 type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**THE COMMITTEE TO DEFEAT THE PRESIDENT**

**A. DARBY, CAROL, ELAINE, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 293 FREEMEN STREET  
 City TALLAPOOSA State GA Zip Code 30176  
 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 ▼ 335.00

Date of Receipt **03 / 25 / 2024**  
**Transaction ID : AB40AD8177D8E4FC4B40**  
 Amount of Each Receipt this Period 35.00  
 Memo Item

**B. DICKSON, JUNE, B., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2005 DICKSON DR  
 City SHREVEPORT State LA Zip Code 71115  
 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 **03 / 27 / 2024**  
**Transaction ID : A8EC2D2C57FA046E6948**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**C. FENSTERMACHER, THOMAS, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 605 BLICK DR  
 City SILVER SPRING State MD Zip Code 20904  
 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 **02 / 02 / 2024**  
**Transaction ID : AD505915AB74148E8BEF**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	235.00
<b>TOTAL</b> 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 45
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**THE COMMITTEE TO DEFEAT THE PRESIDENT**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**A. FENSTERMACHER, THOMAS, , ,**

Mailing Address 605 BLICK DR

City SILVER SPRING	State MD	Zip Code 20904
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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 ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	02	/	2024

**Transaction ID : A6D8B362776AF4C3E9A1**

Amount of Each Receipt this Period  
100.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**B. FENSTERMACHER, THOMAS, , ,**

Mailing Address 605 BLICK DR

City SILVER SPRING	State MD	Zip Code 20904
-----------------------	-------------	-------------------

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
03	/	02	/	2024

**Transaction ID : A9C02E78ACF0F4B488AF**

Amount of Each Receipt this Period  
100.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**C. FIELDS, JAMES, , ,**

Mailing Address 12683 PURDHAM DRIVE

City WOODBIDGE	State VA	Zip Code 22192
-------------------	-------------	-------------------

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
02	/	15	/	2024

**Transaction ID : A00D3E64961D94E8C9CB**

Amount of Each Receipt this Period  
100.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	300.00
<b>TOTAL</b> 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 45
<input checked="" 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 type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**THE COMMITTEE TO DEFEAT THE PRESIDENT**

**A. FIELDS, JAMES, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 12683 PURDHAM DRIVE

City WOODBIDGE	State VA	Zip Code 22192
-------------------	-------------	-------------------

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
02	/	15	/	2024

**Transaction ID : A088DBE57DC534D7E835**

Amount of Each Receipt this Period  
100.00

Memo Item

**B. FIELDS, JAMES, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 12683 PURDHAM DRIVE

City WOODBIDGE	State VA	Zip Code 22192
-------------------	-------------	-------------------

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
03	/	18	/	2024

**Transaction ID : AF627A5EF2FE24D1F87F**

Amount of Each Receipt this Period  
100.00

Memo Item

**C. FLECK, FRANK, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1525 VANCE PL

City SANTA ANA	State CA	Zip Code 92701
-------------------	-------------	-------------------

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

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

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
03	/	16	/	2024

**Transaction ID : AA7B4F14226A44732BA5**

Amount of Each Receipt this Period  
100.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	300.00
<b>TOTAL</b> 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 45
<input checked="" 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 type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**THE COMMITTEE TO DEFEAT THE PRESIDENT**

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

Mailing Address 308 LEMONWOOD DR

City FALLBROOK	State CA	Zip Code 92028
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee.

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 /  /

**Transaction ID : AF77BAB480CBF4299A94**

Amount of Each Receipt this Period

Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
FLEGENHEIMER, WILLIAM, , ,

Mailing Address 308 LEMONWOOD DR

City FALLBROOK	State CA	Zip Code 92028
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee.

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 /  /

**Transaction ID : A44C89C0659DB41B69C5**

Amount of Each Receipt this Period

Memo Item

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

Mailing Address 5035 STONGATE CT

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

FEC ID number of contributing federal political committee.

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt  
 /  /

**Transaction ID : ADC873C7F57CB4095A01**

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<input type="text" value="200.00"/>
<b>TOTAL</b> This Period (last page this line number only).....	<input type="text" value=""/>

# 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 45
<input checked="" 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 type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**THE COMMITTEE TO DEFEAT 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  
 02 / 02 / 2024

**Transaction ID : A53BA1A41C7934F09956**

Amount of Each Receipt this Period  
50.00

Memo Item

**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 ▼  
400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 03 / 2024

**Transaction ID : A98C4EF25D95744E6BEC**

Amount of Each Receipt this Period  
50.00

Memo Item

**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 ▼  
500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 08 / 2024

**Transaction ID : A90E8B0663AFE4D3EAF3**

Amount of Each Receipt this Period  
50.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	150.00
<b>TOTAL</b> 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 16 OF 45
(check only one)	
<input checked="" 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 type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**THE COMMITTEE TO DEFEAT 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 ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 08 / 2024  
**Transaction ID : AEB5BF263C5A2447A9EE**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item

**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 ▼ 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 11 / 2024  
**Transaction ID : A3B89B4D20B4E4F55940**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item

**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 ▼ 650.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 02 / 2024  
**Transaction ID : A9AEFC16620B4449FA06**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	200.00
<b>TOTAL</b> 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 45
<input checked="" 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 type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**THE COMMITTEE TO DEFEAT 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 ▼ 700.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 03 / 2024  
**Transaction ID : AAC54786BE9794C5BB76**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item

**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 ▼ 750.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 08 / 2024  
**Transaction ID : A70B5818A02264E888C2**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item

**C. GASHENKO, LUDA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5401 OLD SEWARD HWY  
 City ANCHORAGE State AK Zip Code 99518  
 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  
 03 / 08 / 2024  
**Transaction ID : A59F84D16EFAB4644923**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	200.00
<b>TOTAL</b> 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 45		
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14	<input type="checkbox"/> 11c <input type="checkbox"/> 15	<input type="checkbox"/> 12 <input type="checkbox"/> 16

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NAME OF COMMITTEE (In Full)  
**THE COMMITTEE TO DEFEAT THE PRESIDENT**

**A. HIGGINS, DARLA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6208 LANTANA CT  
 City FORT WORTH State TX Zip Code 76112  
 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  
 03 / 20 / 2024  
**Transaction ID : ABBC28638D423470F831**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**B. HIGGINS, DARLA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6208 LANTANA CT  
 City FORT WORTH State TX Zip Code 76112  
 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  
 03 / 23 / 2024  
**Transaction ID : AAFFFA0CF6D5C4680ABB**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**C. JOHNSON, DENNIS, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3418 E. SUNCREST CT  
 City PHOENIX State AZ Zip Code 85044-3506  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) TRAFFICADE SERVICE INC. Occupation (for Individual) PRESIDENT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 03 / 14 / 2024  
**Transaction ID : AD8B04CFF88E34F7BBA0**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	200.00
<b>TOTAL</b> 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 45
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**THE COMMITTEE TO DEFEAT THE PRESIDENT**

**A. KENWORTHY, CHRISTINE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10407 SOUTHERN HAWKER  
 City CONROE State TX Zip Code 77385  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF Occupation (for Individual) SELF EMPLOYED-CONSULTANT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 02 / 09 / 2024  
**Transaction ID : A5AC8BA50E2AA47BB8F2**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**B. KENWORTHY, CHRISTINE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10407 SOUTHERN HAWKER  
 City CONROE State TX Zip Code 77385  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF Occupation (for Individual) SELF EMPLOYED-CONSULTANT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 02 / 09 / 2024  
**Transaction ID : A8E450182273D49DE9E3**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**C. KENWORTHY, CHRISTINE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10407 SOUTHERN HAWKER  
 City CONROE State TX Zip Code 77385  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF Occupation (for Individual) SELF EMPLOYED-CONSULTANT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 03 / 09 / 2024  
**Transaction ID : A6E1E8148CC2444A6AE5**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	300.00
<b>TOTAL</b> 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 45
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**THE COMMITTEE TO DEFEAT THE PRESIDENT**

**A. KIRWAN, KYLE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1920 GROVE STREET  
 City SONOMA State CA Zip Code 95476  
 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 **03 / 14 / 2024**  
**Transaction ID : A0110DB9212384253B5D**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**B. KOETHER, BERNARD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 757 SE 17TH ST STE 1074  
 City FORT LAUDERDALE State FL Zip Code 33316  
 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 **01 / 29 / 2024**  
**Transaction ID : A8C522CE6584A412F901**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. KOETHER, BERNARD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 757 SE 17TH ST STE 1074  
 City FORT LAUDERDALE State FL Zip Code 33316  
 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 **02 / 03 / 2024**  
**Transaction ID : AC48AC4615C07479B8EB**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	375.00
<b>TOTAL</b> 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 45
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**THE COMMITTEE TO DEFEAT THE PRESIDENT**

**A. KOETHER, BERNARD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 757 SE 17TH ST STE 1074

City FORT LAUDERDALE	State FL	Zip Code 33316
-------------------------	-------------	-------------------

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 ▼  
800.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 29 / 2024

**Transaction ID : A43B3E4788C774646825**

Amount of Each Receipt this Period  
250.00

Memo Item

**B. KOETHER, BERNARD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 757 SE 17TH ST STE 1074

City FORT LAUDERDALE	State FL	Zip Code 33316
-------------------------	-------------	-------------------

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 ▼  
800.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 29 / 2024

**Transaction ID : AA33EF730CC344EC2A83**

Amount of Each Receipt this Period  
250.00

Memo Item

**C. KOETHER, BERNARD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 757 SE 17TH ST STE 1074

City FORT LAUDERDALE	State FL	Zip Code 33316
-------------------------	-------------	-------------------

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 ▼  
825.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 03 / 2024

**Transaction ID : A537AAE2B49A14244A2C**

Amount of Each Receipt this Period  
25.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	525.00
<b>TOTAL</b> 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 45
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**THE COMMITTEE TO DEFEAT THE PRESIDENT**

**A. KOETHER, BERNARD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 757 SE 17TH ST STE 1074  
 City FORT LAUDERDALE State FL Zip Code 33316  
 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 ▼ 1075.00

Date of Receipt 03 / 29 / 2024  
**Transaction ID : A1E5962C3BB743B3AC5**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. MITCHELL, ROBERT, A., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6212 SCENIC WAY  
 City BAKERSFIELD State CA Zip Code 93309  
 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 03 / 08 / 2024  
**Transaction ID : AB4B2C068BB8846948DB**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**C. NANKIVELL, MELANIE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5840 MOONSTONE BEACH DRIVE  
 City CAMBRIA State CA Zip Code 93428  
 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 ▼ 270.00

Date of Receipt 03 / 02 / 2024  
**Transaction ID : AC7AECFA698B245DA848**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	400.00
<b>TOTAL</b> 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 45
<input checked="" 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 type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**THE COMMITTEE TO DEFEAT THE PRESIDENT**

**A. NANKIVELL, MELANIE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5840 MOONSTONE BEACH DRIVE  
 City CAMBRIA State CA Zip Code 93428  
 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 ▼ 270.00

Date of Receipt **03 / 02 / 2024**  
**Transaction ID : A8809234402464AEB94A**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**B. NANKIVELL, MELANIE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5840 MOONSTONE BEACH DRIVE  
 City CAMBRIA State CA Zip Code 93428  
 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 ▼ 305.00

Date of Receipt **03 / 03 / 2024**  
**Transaction ID : A3896487CBFDA49AC894**  
 Amount of Each Receipt this Period 35.00  
 Memo Item

**C. PUTNAM, STEVE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1445 MANATEE CIR  
 City TARPON SPRINGS State FL Zip Code 34689  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RAYMOND JAMES FINANCIAL SERVICES Occupation (for Individual) INVESTMENT ADVISOR  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **03 / 31 / 2024**  
**Transaction ID : AA3FAE73A9ACE4A32AC3**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	135.00
<b>TOTAL</b> 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 45
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**THE COMMITTEE TO DEFEAT THE PRESIDENT**

**A. SHRINIVAS, RAVEE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 505 8TH AVE STE 1402  
 City NEW YORK State NY Zip Code 10018  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF Occupation (for Individual) CERTIFIED PUBLIC ACCOUNTANT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 27 / 2024  
**Transaction ID : A39BBF0658DAE420C95A**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item

**B. WALKER, JOHN, R., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO BOX G  
 City MERRILL State OR Zip Code 97633  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 06 / 2024  
**Transaction ID : A3FE24539CAB04A3FB81**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item

**C. WILLIAMS, PATRICIA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 918 MASON ST  
 City LODI State CA Zip Code 95242  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 11 / 2024  
**Transaction ID : A728005DCC9B845A3A06**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	300.00
<b>TOTAL</b> 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 45
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**THE COMMITTEE TO DEFEAT THE PRESIDENT**

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
WILLIAMS, TWYLA, J, ,

Mailing Address 12815 AMARANTH STREET

City SAN DIEGO	State CA	Zip Code 92129
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) DAVIS & ADAMS CONSTRUCTION	Occupation (for Individual) CONTROLLER
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 22 / 2024

**Transaction ID : A064A91705A7E4292916**

Amount of Each Receipt this Period  
100.00

Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
WILSON, LYNN, , ,

Mailing Address 3221 BAY SHORE RD

City SARASOTA	State FL	Zip Code 34234
------------------	-------------	-------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 19 / 2024

**Transaction ID : A63423B3721AE41038CB**

Amount of Each Receipt this Period  
100.00

Memo Item

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

Mailing Address

City	State	Zip Code
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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

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	200.00
<b>TOTAL</b> This Period (last page this line number only).....	4675.00

# 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 26 OF 45
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**THE COMMITTEE TO DEFEAT THE PRESIDENT**

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
FOLGNER, GARY, , ,

Mailing Address 33157 CAMINO CAPISTRANO

City SAN JUAN CAPISTRANO	State CA	Zip Code 92675
-----------------------------	-------------	-------------------

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
01	/	12	/	2024

**Transaction ID : A60A48217EA5E4ECC9DF**

Amount of Each Receipt this Period  
250.00

Memo Item  
CAREY ACCOUNT

**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)
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Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  

M M	/	D D	/	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
-----	---	-----	---	---------

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	250.00
<b>TOTAL</b> This Period (last page this line number only).....	250.00

**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 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

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NAME OF COMMITTEE (In Full)  
**THE COMMITTEE TO DEFEAT THE PRESIDENT**

Full Name (Last, First, Middle Initial) <b>A. ANEDOT</b>		Date of Disbursement MM / DD / YYYY 02 / 08 / 2024
Mailing Address 1340 POYDRAS ST STE 1770		FEC Identification Number C [REDACTED] <b>Transaction ID : B966B6E21E</b>
City NEW ORLEANS	State LA	Zip Code 70112-5204
Purpose of Disbursement PAYMENT PROCESSING FEES		Amount of Each Disbursement this Period 8.30
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>B. ANEDOT</b>		Date of Disbursement MM / DD / YYYY 02 / 12 / 2024
Mailing Address 1340 POYDRAS ST STE 1770		FEC Identification Number C [REDACTED] <b>Transaction ID : BA0D82AABE</b>
City NEW ORLEANS	State LA	Zip Code 70112-5204
Purpose of Disbursement PAYMENT PROCESSING FEES		Amount of Each Disbursement this Period 21.70
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>C. ANEDOT</b>		Date of Disbursement MM / DD / YYYY 02 / 14 / 2024
Mailing Address 1340 POYDRAS ST STE 1770		FEC Identification Number C [REDACTED] <b>Transaction ID : B2770C0571</b>
City NEW ORLEANS	State LA	Zip Code 70112-5204
Purpose of Disbursement PAYMENT PROCESSING FEES		Amount of Each Disbursement this Period 5.70
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	35.70
<b>TOTAL</b> 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 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

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NAME OF COMMITTEE (In Full)

**THE COMMITTEE TO DEFEAT THE PRESIDENT**

Full Name (Last, First, Middle Initial)

**A. ANEDOT**

Mailing Address 1340 POYDRAS ST  
STE 1770

City  
NEW ORLEANS

State  
LA

Zip Code  
70112-5204

Purpose of Disbursement  
PAYMENT PROCESSING FEES

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	14	/	2024

FEC Identification Number

**C**

**Transaction ID : B3BA3C3E0E**

Amount of Each Disbursement this Period

15.60
-------

Memo Item

Full Name (Last, First, Middle Initial)

**B. ANEDOT**

Mailing Address 1340 POYDRAS ST  
STE 1770

City  
NEW ORLEANS

State  
LA

Zip Code  
70112-5204

Purpose of Disbursement  
PAYMENT PROCESSING FEES

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	16	/	2024

FEC Identification Number

**C**

**Transaction ID : B33F4107530**

Amount of Each Disbursement this Period

2.00
------

Memo Item

Full Name (Last, First, Middle Initial)

**C. ANEDOT**

Mailing Address 1340 POYDRAS ST  
STE 1770

City  
NEW ORLEANS

State  
LA

Zip Code  
70112-5204

Purpose of Disbursement  
PAYMENT PROCESSING FEES

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	21	/	2024

FEC Identification Number

**C**

**Transaction ID : B84561204B1**

Amount of Each Disbursement this Period

10.20
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Memo Item

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

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

27.80
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# 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

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NAME OF COMMITTEE (In Full)

**THE COMMITTEE TO DEFEAT THE PRESIDENT**

Full Name (Last, First, Middle Initial)

**A. ANEDOT**

Mailing Address 1340 POYDRAS ST  
STE 1770

City  
NEW ORLEANS

State  
LA

Zip Code  
70112-5204

Purpose of Disbursement  
PAYMENT PROCESSING FEES

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			2	2			2	0	2	4		

FEC Identification Number

**C** [Redacted]

**Transaction ID : B8764D5211f**

Amount of Each Disbursement this Period

[Redacted] 20.60

Memo Item

Full Name (Last, First, Middle Initial)

**B. ANEDOT**

Mailing Address 1340 POYDRAS ST  
STE 1770

City  
NEW ORLEANS

State  
LA

Zip Code  
70112-5204

Purpose of Disbursement  
PAYMENT PROCESSING FEES

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			2	2			2	0	2	4		

FEC Identification Number

**C** [Redacted]

**Transaction ID : B8B6C3BD8E**

Amount of Each Disbursement this Period

[Redacted] 12.98

Memo Item

Full Name (Last, First, Middle Initial)

**C. ANEDOT**

Mailing Address 1340 POYDRAS ST  
STE 1770

City  
NEW ORLEANS

State  
LA

Zip Code  
70112-5204

Purpose of Disbursement  
PAYMENT PROCESSING FEES

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			2	6			2	0	2	4		

FEC Identification Number

**C** [Redacted]

**Transaction ID : B86F509FAE**

Amount of Each Disbursement this Period

[Redacted] 1.30

Memo Item

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

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

[Redacted] 34.88

[Redacted]

**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

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NAME OF COMMITTEE (In Full)  
**THE COMMITTEE TO DEFEAT THE PRESIDENT**

Full Name (Last, First, Middle Initial) <b>A. ANEDOT</b>		Date of Disbursement MM / DD / YYYY 02 / 28 / 2024	
Mailing Address 1340 POYDRAS ST STE 1770		FEC Identification Number C [REDACTED] <b>Transaction ID : BCC77300F0</b>	
City NEW ORLEANS	State LA	Zip Code 70112-5204	Amount of Each Disbursement this Period 8.10
Purpose of Disbursement PAYMENT PROCESSING FEES		Category/ Type	Memo Item <input type="checkbox"/>
Candidate Name			
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>B. ANEDOT</b>		Date of Disbursement MM / DD / YYYY 02 / 28 / 2024	
Mailing Address 1340 POYDRAS ST STE 1770		FEC Identification Number C [REDACTED] <b>Transaction ID : BF2D6C37DB</b>	
City NEW ORLEANS	State LA	Zip Code 70112-5204	Amount of Each Disbursement this Period 13.40
Purpose of Disbursement PAYMENT PROCESSING FEES		Category/ Type	Memo Item <input type="checkbox"/>
Candidate Name			
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>C. ANEDOT</b>		Date of Disbursement MM / DD / YYYY 03 / 01 / 2024	
Mailing Address 1340 POYDRAS ST STE 1770		FEC Identification Number C [REDACTED] <b>Transaction ID : BCCC68D0B</b>	
City NEW ORLEANS	State LA	Zip Code 70112-5204	Amount of Each Disbursement this Period 27.40
Purpose of Disbursement PAYMENT PROCESSING FEES		Category/ Type	Memo Item <input type="checkbox"/>
Candidate Name			
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:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	48.90
<b>TOTAL</b> 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 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

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NAME OF COMMITTEE (In Full)

**THE COMMITTEE TO DEFEAT THE PRESIDENT**

Full Name (Last, First, Middle Initial)

### A. ANEDOT

Mailing Address 1340 POYDRAS ST  
STE 1770

City  
NEW ORLEANS

State  
LA

Zip Code  
70112-5204

Purpose of Disbursement  
PAYMENT PROCESSING FEES

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	5		2	0	2	4

FEC Identification Number

C [REDACTED]

Transaction ID : BDF81FD4A7

Amount of Each Disbursement this Period

[REDACTED] 9.30

Memo Item

Full Name (Last, First, Middle Initial)

### B. ANEDOT

Mailing Address 1340 POYDRAS ST  
STE 1770

City  
NEW ORLEANS

State  
LA

Zip Code  
70112-5204

Purpose of Disbursement  
PAYMENT PROCESSING FEES

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	6		2	0	2	4

FEC Identification Number

C [REDACTED]

Transaction ID : B6BA445CDC

Amount of Each Disbursement this Period

[REDACTED] 7.90

Memo Item

Full Name (Last, First, Middle Initial)

### C. ANEDOT

Mailing Address 1340 POYDRAS ST  
STE 1770

City  
NEW ORLEANS

State  
LA

Zip Code  
70112-5204

Purpose of Disbursement  
PAYMENT PROCESSING FEES

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	7		2	0	2	4

FEC Identification Number

C [REDACTED]

Transaction ID : BD855F2DB!

Amount of Each Disbursement this Period

[REDACTED] 4.20

Memo Item

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

[REDACTED] 21.40

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

[REDACTED]

# 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

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NAME OF COMMITTEE (In Full)

**THE COMMITTEE TO DEFEAT THE PRESIDENT**

Full Name (Last, First, Middle Initial)

### A. ANEDOT

Mailing Address 1340 POYDRAS ST  
STE 1770

City  
NEW ORLEANS

State  
LA

Zip Code  
70112-5204

Purpose of Disbursement  
PAYMENT PROCESSING FEES

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3				1	1		2	0	2	4		

FEC Identification Number

**C** [Redacted]

Transaction ID : B2062FDDCE

Amount of Each Disbursement this Period

[Redacted] 9.00

Memo Item

Full Name (Last, First, Middle Initial)

### B. ANEDOT

Mailing Address 1340 POYDRAS ST  
STE 1770

City  
NEW ORLEANS

State  
LA

Zip Code  
70112-5204

Purpose of Disbursement  
PAYMENT PROCESSING FEES

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3				1	3		2	0	2	4		

FEC Identification Number

**C** [Redacted]

Transaction ID : B828092C472

Amount of Each Disbursement this Period

[Redacted] 30.40

Memo Item

Full Name (Last, First, Middle Initial)

### C. ANEDOT

Mailing Address 1340 POYDRAS ST  
STE 1770

City  
NEW ORLEANS

State  
LA

Zip Code  
70112-5204

Purpose of Disbursement  
PAYMENT PROCESSING FEES

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3				1	3		2	0	2	4		

FEC Identification Number

**C** [Redacted]

Transaction ID : B72BAE0B94

Amount of Each Disbursement this Period

[Redacted] 8.60

Memo Item

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

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

[Redacted] 48.00

[Redacted]



**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

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NAME OF COMMITTEE (In Full)

**THE COMMITTEE TO DEFEAT THE PRESIDENT**

Full Name (Last, First, Middle Initial)

**A. ANEDOT**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		15		2024

Mailing Address 1340 POYDRAS ST  
STE 1770

City NEW ORLEANS State LA Zip Code 70112-5204

Purpose of Disbursement  
PAYMENT PROCESSING FEES

FEC Identification Number

**C** [Redacted]

Transaction ID : **BB863C8FCE**

Amount of Each Disbursement this Period

[Redacted] 0.70

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Memo Item

Full Name (Last, First, Middle Initial)

**B. ANEDOT**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		19		2024

Mailing Address 1340 POYDRAS ST  
STE 1770

City NEW ORLEANS State LA Zip Code 70112-5204

Purpose of Disbursement  
PAYMENT PROCESSING FEES

FEC Identification Number

**C** [Redacted]

Transaction ID : **B772E6C3EC**

Amount of Each Disbursement this Period

[Redacted] 4.60

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Memo Item

Full Name (Last, First, Middle Initial)

**C. ANEDOT**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		20		2024

Mailing Address 1340 POYDRAS ST  
STE 1770

City NEW ORLEANS State LA Zip Code 70112-5204

Purpose of Disbursement  
PAYMENT PROCESSING FEES

FEC Identification Number

**C** [Redacted]

Transaction ID : **BEDE80D56E**

Amount of Each Disbursement this Period

[Redacted] 10.10

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Memo Item

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

[Redacted] 15.40

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

[Redacted]

**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

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NAME OF COMMITTEE (In Full)

**THE COMMITTEE TO DEFEAT THE PRESIDENT**

Full Name (Last, First, Middle Initial)

**A. ANEDOT**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		21		2024

Mailing Address 1340 POYDRAS ST  
STE 1770

City NEW ORLEANS State LA Zip Code 70112-5204

Purpose of Disbursement  
PAYMENT PROCESSING FEES

Candidate Name

Category/  
Type

FEC Identification Number

**C**

**Transaction ID : BBDA33E8C**

Amount of Each Disbursement this Period

23.68

Memo Item

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

Full Name (Last, First, Middle Initial)

**B. ANEDOT**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		25		2024

Mailing Address 1340 POYDRAS ST  
STE 1770

City NEW ORLEANS State LA Zip Code 70112-5204

Purpose of Disbursement  
PAYMENT PROCESSING FEES

Candidate Name

Category/  
Type

FEC Identification Number

**C**

**Transaction ID : B4619484AD**

Amount of Each Disbursement this Period

5.00

Memo Item

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

Full Name (Last, First, Middle Initial)

**C. ANEDOT**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		27		2024

Mailing Address 1340 POYDRAS ST  
STE 1770

City NEW ORLEANS State LA Zip Code 70112-5204

Purpose of Disbursement  
PAYMENT PROCESSING FEES

Candidate Name

Category/  
Type

FEC Identification Number

**C**

**Transaction ID : B2E48F2FD2**

Amount of Each Disbursement this Period

7.40

Memo Item

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

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

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

36.08

# 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

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NAME OF COMMITTEE (In Full)

**THE COMMITTEE TO DEFEAT THE PRESIDENT**

Full Name (Last, First, Middle Initial)

### A. ANEDOT

Mailing Address 1340 POYDRAS ST  
STE 1770

City  
NEW ORLEANS

State  
LA

Zip Code  
70112-5204

Purpose of Disbursement  
PAYMENT PROCESSING FEES

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	7		2	0	2	4

FEC Identification Number

C [REDACTED]

Transaction ID : **BBF7C0479E**

Amount of Each Disbursement this Period

[REDACTED] 3.70

Memo Item

Full Name (Last, First, Middle Initial)

### B. ANEDOT

Mailing Address 1340 POYDRAS ST  
STE 1770

City  
NEW ORLEANS

State  
LA

Zip Code  
70112-5204

Purpose of Disbursement  
PAYMENT PROCESSING FEES

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	9		2	0	2	4

FEC Identification Number

C [REDACTED]

Transaction ID : **B9EE3CE4AC**

Amount of Each Disbursement this Period

[REDACTED] 26.20

Memo Item

Full Name (Last, First, Middle Initial)

### C. AUDIT ADJUSTMENT

Mailing Address

City

State

Zip Code

Purpose of Disbursement  
SEE REPORT LEVEL MEMO LANGUAGE REGARDING THIS

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	3		2	0	2	4

FEC Identification Number

C [REDACTED]

Transaction ID : **B0B8DED05t**

Amount of Each Disbursement this Period

[REDACTED] 12948.14

Memo Item

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

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

[REDACTED] 12978.04

[REDACTED]

# 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

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NAME OF COMMITTEE (In Full)

**THE COMMITTEE TO DEFEAT 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  
DIGITAL MANAGEMENT

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	2		2	0	2	4

FEC Identification Number

C [REDACTED]

Transaction ID : B7E979E626f

Amount of Each Disbursement this Period

[REDACTED] 220.00

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  
DIGITAL MANAGEMENT

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		3	1		2	0	2	4

FEC Identification Number

C [REDACTED]

Transaction ID : B421E9D9007

Amount of Each Disbursement this Period

[REDACTED] 1891.40

Memo Item

Full Name (Last, First, Middle Initial)

### C. CAMPAIGN SOLUTIONS

Mailing Address 117 N SAINT ASAPH ST.

City  
ALEXANDRIA

State  
VA

Zip Code  
22314

Purpose of Disbursement  
DIGITAL MANAGEMENT

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		3	1		2	0	2	4

FEC Identification Number

C [REDACTED]

Transaction ID : B1159765D5f

Amount of Each Disbursement this Period

[REDACTED] 336.35

Memo Item

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

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

[REDACTED] 2447.75

[REDACTED]

**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

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NAME OF COMMITTEE (In Full)

**THE COMMITTEE TO DEFEAT 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  
FINANCIAL PROCESSING FEES

Candidate Name

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:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	02	/	2024

FEC Identification Number

C [REDACTED]

Transaction ID : B6FCD5B34E

Amount of Each Disbursement this Period

[REDACTED] 25.00

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  
FINANCIAL PROCESSING FEES

Candidate Name

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:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	22	/	2024

FEC Identification Number

C [REDACTED]

Transaction ID : B0A2D7EBCI

Amount of Each Disbursement this Period

[REDACTED] 25.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. CAMPAIGN SOLUTIONS**

Mailing Address 117 N SAINT ASAPH ST.

City  
ALEXANDRIA

State  
VA

Zip Code  
22314

Purpose of Disbursement  
DIGITAL MANAGEMENT

Candidate Name

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:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	29	/	2024

FEC Identification Number

C [REDACTED]

Transaction ID : B3400A667F

Amount of Each Disbursement this Period

[REDACTED] 3326.30

Memo Item

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

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

[REDACTED] 3376.30

[REDACTED]

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)

Form for line numbers 21b-30b with checkboxes. 21b is checked.

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)
THE COMMITTEE TO DEFEAT THE PRESIDENT

Form A: CAMPAIGN SOLUTIONS. Includes fields for Full Name, Mailing Address, City, State, Zip Code, Purpose of Disbursement, Candidate Name, Office Sought, Disbursement For, Date of Disbursement, FEC Identification Number, Transaction ID, Amount of Each Disbursement, and Memo Item.

Form B: CAMPAIGN SOLUTIONS. Includes fields for Full Name, Mailing Address, City, State, Zip Code, Purpose of Disbursement, Candidate Name, Office Sought, Disbursement For, Date of Disbursement, FEC Identification Number, Transaction ID, Amount of Each Disbursement, and Memo Item.

Form C: CAMPAIGN SOLUTIONS. Includes fields for Full Name, Mailing Address, City, State, Zip Code, Purpose of Disbursement, Candidate Name, Office Sought, Disbursement For, Date of Disbursement, FEC Identification Number, Transaction ID, Amount of Each Disbursement, and Memo Item.

SUBTOTAL of Disbursements This Page (optional) and TOTAL This Period (last page this line number only) summary rows.

# 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

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NAME OF COMMITTEE (In Full)

**THE COMMITTEE TO DEFEAT 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  
DIGITAL MANAGEMENT

Candidate Name

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:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	31	/	2024

FEC Identification Number

C [REDACTED]

Transaction ID : B6D6F8D96E

Amount of Each Disbursement this Period

[REDACTED] 2058.34

Memo Item

Full Name (Last, First, Middle Initial)

### B. CHALMERS, ADAMS, BACKER & KAUFMAN LLC

Mailing Address 5805 STATE BRIDGE RD  
# G77

City  
JOHNS CREEK

State  
GA

Zip Code  
30097-8220

Purpose of Disbursement  
LEGAL SERVICES

Candidate Name

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:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01	/	16	/	2024

FEC Identification Number

C [REDACTED]

Transaction ID : B0EAD2D1E0

Amount of Each Disbursement this Period

[REDACTED] 1892.50

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  
PAYMENT PROCESSING FEES

Candidate Name

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:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01	/	31	/	2024

FEC Identification Number

C [REDACTED]

Transaction ID : BCD626FFC:

Amount of Each Disbursement this Period

[REDACTED] 268.23

Memo Item

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

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

[REDACTED] 4219.07

[REDACTED]

**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

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NAME OF COMMITTEE (In Full)

**THE COMMITTEE TO DEFEAT 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  
PAYMENT PROCESSING FEES

Candidate Name

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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	9		2	0	2	4

FEC Identification Number

C [REDACTED]

Transaction ID : B00363AAE3

Amount of Each Disbursement this Period

[REDACTED] 341.26

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  
PAYMENT PROCESSING FEES

Candidate Name

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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	1		2	0	2	4

FEC Identification Number

C [REDACTED]

Transaction ID : B1FCBEF092

Amount of Each Disbursement this Period

[REDACTED] 220.44

Memo Item

Full Name (Last, First, Middle Initial)

**C. PAC MANAGEMENT SERVICES**

Mailing Address 441 N LEE ST  
STE 100

City  
ALEXANDRIA

State  
VA

Zip Code  
22314-2301

Purpose of Disbursement  
COMPLIANCE SOFTWARE

Candidate Name

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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	0		2	0	2	4

FEC Identification Number

C [REDACTED]

Transaction ID : B53BC7E5F2

Amount of Each Disbursement this Period

[REDACTED] 2250.00

Memo Item

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

[REDACTED] 2811.70

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

[REDACTED]



**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

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NAME OF COMMITTEE (In Full)

**THE COMMITTEE TO DEFEAT THE PRESIDENT**

Full Name (Last, First, Middle Initial)

**A. PAC MANAGEMENT SERVICES**

Mailing Address 441 N LEE ST  
STE 100

City  
ALEXANDRIA

State  
VA

Zip Code  
22314-2301

Purpose of Disbursement  
COMPLIANCE & ADMIN SERVICES

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	8		2	0	2	4

FEC Identification Number

C [ ]

Transaction ID : B8309BC7D9

Amount of Each Disbursement this Period

3	5	0	0	0	0	0	0	0	0
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Memo Item

Full Name (Last, First, Middle Initial)

**B. PAC MANAGEMENT SERVICES**

Mailing Address 441 N LEE ST  
STE 100

City  
ALEXANDRIA

State  
VA

Zip Code  
22314-2301

Purpose of Disbursement  
COMPLIANCE & ADMIN SERVICES

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	8		2	0	2	4

FEC Identification Number

C [ ]

Transaction ID : B0A8481EAC

Amount of Each Disbursement this Period

1	4	5	0	0	0	0	0	0	0
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Memo Item

Full Name (Last, First, Middle Initial)

**C.**

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

M	M	/	D	D	/	Y	Y	Y	Y

FEC Identification Number

C [ ]

Amount of Each Disbursement this Period

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Memo Item

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

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

1	8	0	0	0	0	0	0	0	0
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2	8	7	9	0	7	0	0	0	0
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**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 checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**THE COMMITTEE TO DEFEAT THE PRESIDENT**

Full Name (Last, First, Middle Initial)

**A. DICKSON, ANNE, C, ,**

Mailing Address 6 SANTA DOMINGO COURT

City  
ODESSA

State  
TX

Zip Code  
79765

Purpose of Disbursement  
CONTRIBUTION REFUND

010
Category/ Type

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:

Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		04		2024

FEC Identification Number

C
---

Transaction ID : B1E73790841

Amount of Each Disbursement this Period

250.00
--------

Memo Item

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Category/ Type

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:

Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

FEC Identification Number

C
---

Amount of Each Disbursement this Period

--

Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Category/ Type

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:

Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

FEC Identification Number

C
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Amount of Each Disbursement this Period

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Memo Item

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

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

250.00
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250.00
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**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)

**THE COMMITTEE TO DEFEAT 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  
CAREY ACCOUNT: DIGITAL MANAGEMENT

012

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	0		2	0	2	4

FEC Identification Number

C [REDACTED]

Transaction ID : B299BAE1BE

Amount of Each Disbursement this Period

2	2	0	0	0	0	0	0	0	0
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Memo Item

Full Name (Last, First, Middle Initial)

**B. CHALMERS, ADAMS, BACKER & KAUFMAN LLC**

Mailing Address 5805 STATE BRIDGE RD  
# G77

City  
JOHNS CREEK

State  
GA

Zip Code  
30097-8220

Purpose of Disbursement  
CAREY ACCOUNT: LEGAL SERVICES

012

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	0		2	0	2	4

FEC Identification Number

C [REDACTED]

Transaction ID : BCE424F6A7

Amount of Each Disbursement this Period

4	5	0	0	0	0	0	0	0	0
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Memo Item

Full Name (Last, First, Middle Initial)

**C.**

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

M	M	/	D	D	/	Y	Y	Y	Y

FEC Identification Number

C [REDACTED]

Amount of Each Disbursement this Period

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Memo Item

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

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

2	6	5	0	0	0	0	0	0	0
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2	6	5	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) THE COMMITTEE TO DEFEAT 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 DIRECT RESPONSE, LLC
Mailing Address 16845 N 29TH AVE STE 1550
City PHOENIX State AZ Zip Code 85053-0418
Purpose of Expenditure CAREY ACCOUNT; SEE PMT FOR EST. FROM 9/29/2023.PHONE VOTER CONTACT; SEE EST. TRANS ID
Name of Federal Candidate: TRUMP, DONALD, J., , Support
Office Sought: President
Disbursement For: General
Amount 1362.24
Transaction ID : E9B916FE06ACD4EA3BB1
Date of Disbursement or Obligation 01/03/2024

Full Name of Payee DIRECT RESPONSE, LLC
Mailing Address 16845 N 29TH AVE STE 1550
City PHOENIX State AZ Zip Code 85053-0418
Purpose of Expenditure SEE PMT FOR EST. FROM 9/29/2023.PHONE VOTER CONTACT; SEE EST. TRANS ID #:...443EBFF
Name of Federal Candidate: TRUMP, DONALD, J., , Support
Office Sought: President
Disbursement For: General
Amount 4300.47
Transaction ID : EBCC05A8B920B44BB891
Date of Disbursement or Obligation 03/22/2024

(a) SUBTOTAL of Itemized Independent Expenditures 5662.71
(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.

HARVEY, TED, , ,
Signature

Date 04/11/2024

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) THE COMMITTEE TO DEFEAT 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 RRTVMEDIA, LLC
Mailing Address 3948 3RD STREET S SUITE 18
City JACKSONVILLE BEACH State FL Zip Code 32250
Purpose of Expenditure PMT FOR EST FROM 12/4/2023. CAREY ACCOUNT: TV ADVERTISING; SEE EST TRANS ID#:...41C8BA4
Name of Federal Candidate: TRUMP, DONALD, J., , Support
Office Sought: President
Disbursement For: General
Amount 3500.00
Transaction ID : EF2BA2E52C7E546F6AA1
Date of Disbursement or Obligation 12/04/2023
Calendar Year-To-Date Per Election for Office Sought 4862.24

Full Name of Payee RRTVMEDIA, LLC
Mailing Address 3948 3RD STREET S SUITE 18
City JACKSONVILLE BEACH State FL Zip Code 32250
Purpose of Expenditure PMT FOR EST FROM 11/27/2023. TV ADVERTISING; SEE EST TRANS ID#:...4188BB5
Name of Federal Candidate: TRUMP, DONALD, J., , Support
Office Sought: President
Disbursement For: General
Amount 2833.00
Transaction ID : EBB177192D5134C8C88B
Date of Disbursement or Obligation 11/27/2023
Calendar Year-To-Date Per Election for Office Sought 7695.24

(a) SUBTOTAL of Itemized Independent Expenditures 6333.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures 11995.71

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.

HARVEY, TED, , ,
Signature

Date 04/11/2024