

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

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

FOR LINE NUMBER: PAGE 182 OF 1123

(check only one)

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

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NAME OF COMMITTEE (In Full)

The Committee To Defend The President

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

A. CHAVES, JOHN, , ,

Mailing Address 5312 COMERCIO LANE

City  
WOODLAND HILLS

State  
CA

Zip Code  
91364-2026

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF

Occupation (for Individual)  
DENTIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 18 / 2019

Transaction ID : SA11A.1749921

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

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

B. CHAVEZ, KATHLEEN, , ,

Mailing Address 144 COTTONWOOD

City  
GRANTS

State  
NM

Zip Code  
87020-4215

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SLSLLC

Occupation (for Individual)  
HOME HEALTH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1175.00

Date of Receipt

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

Transaction ID : SA11A.1742930

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

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

C. CHEN, FRED, , ,

Mailing Address 800 CANTERBURY RD.

City  
SAN MARINO

State  
CA

Zip Code  
91108-1346

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 ▼

2050.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 15 / 2019

Transaction ID : SA11A.1743865

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION

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

650.00

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