

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

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

FOR LINE NUMBER: PAGE 408 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. HALL, MARY, , ,

Mailing Address 74801 HOVLEY LN E
10955

City
PALM DESERT

State
CA

Zip Code
92255-7001

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
MISSION HEALTHCARE

Occupation (for Individual)
REGISTERED NURSE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.20

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 05 / 2019

Transaction ID : SA11A.1742444

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

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

B. HALL, MARY, , ,

Mailing Address 74801 HOVLEY LN E
10955

City
PALM DESERT

State
CA

Zip Code
92255-7001

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
MISSION HEALTHCARE

Occupation (for Individual)
REGISTERED NURSE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.20

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 10 / 2019

Transaction ID : SA11A.1742740

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

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

C. HALL, OLLABELLE, , ,

Mailing Address 3603 MEADOW LAKE LANE

City
HOUSTON

State
TX

Zip Code
77027-4110

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NONE

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
06 / 11 / 2019

Transaction ID : SA11A.1744653

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

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

100.00

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