

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

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

FOR LINE NUMBER: PAGE 658 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. METILDI, LEONARD, , ,**

Mailing Address 4351 E LOHMAN AVE  
320

City  
LAS CRUCES

State  
NM

Zip Code  
88011-8259

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
MVRMC

Occupation (for Individual)  
SURGEON

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.00

Date of Receipt

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

**Transaction ID : SA11A.1742199**

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

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

**B. METILDI, LEONARD, , ,**

Mailing Address 4351 E LOHMAN AVE  
320

City  
LAS CRUCES

State  
NM

Zip Code  
88011-8259

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
MVRMC

Occupation (for Individual)  
SURGEON

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 07 / 2019

**Transaction ID : SA11A.1742200**

Amount of Each Receipt this Period

35.00

☐ Memo Item  
CONTRIBUTION

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

**C. METRAS, MARY, L., ,**

Mailing Address 8733 N PECATONICA RD

City  
PECATONICA

State  
IL

Zip Code  
61063-8827

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
COLLINS AEROSPACE

Occupation (for Individual)  
INSPECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

212.50

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 14 / 2019

**Transaction ID : SA11A.1743030**

Amount of Each Receipt this Period

25.00

☐ Memo Item  
CONTRIBUTION

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

110.00

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