

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

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

FOR LINE NUMBER: PAGE 689 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. MOSER, HOWARD, , ,

Mailing Address 49 CEDAR LN

City
LINCOLNSHIRE

State
IL

Zip Code
60069-3106

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF

Occupation (for Individual)
APT RENTALS & FARM LAND

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

413.75

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 28 / 2019

Transaction ID : SA11A.1750681

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

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

B. MOSES, MARGARITA, , ,

Mailing Address 5889 DEER CROSSING LN

City
QUINLAN

State
TX

Zip Code
75474-3641

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
EPIC HEALTHCARE SERVICES

Occupation (for Individual)
REGISTERED NURSE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

925.00

Date of Receipt

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

Transaction ID : SA11A.1736369

Amount of Each Receipt this Period

150.00

☐ Memo Item
CONTRIBUTION

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

C. MOSES, MARGARITA, , ,

Mailing Address 5889 DEER CROSSING LN

City
QUINLAN

State
TX

Zip Code
75474-3641

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
EPIC HEALTHCARE SERVICES

Occupation (for Individual)
REGISTERED NURSE

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

925.00

Date of Receipt

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

Transaction ID : SA11A.1742732

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

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

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

275.00