

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1426 OF 2269

(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
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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 Defend The President

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

A. MOSES, MARGARITA, , ,

Mailing Address 5889 DEER CROSSING LN

City
QUINLANState
TXZip Code
75474-3641FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
EPIC HEALTHCARE SERVICESOccupation (for Individual)
REGISTERED NURSE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1030.00

Date of Receipt

M M	D D	Y Y Y Y
12	10	2019

Transaction ID : SA11A.1874633

Amount of Each Receipt this Period

35.00

☐ 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
QUINLANState
TXZip Code
75474-3641FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
EPIC HEALTHCARE SERVICESOccupation (for Individual)
REGISTERED NURSE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1030.00

Date of Receipt

M M	D D	Y Y Y Y
12	10	2019

Transaction ID : SA11A.1874634

Amount of Each Receipt this Period

35.00

☐ Memo Item
CONTRIBUTION

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

C. MOSIER, HENRY, , , JR.

Mailing Address 724 SONJA AVE

City
RIDGECRESTState
CAZip Code
93555-3451FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

312.50

Date of Receipt

M M	D D	Y Y Y Y
12	06	2019

Transaction ID : SA11A.1869767

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

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

95.00

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