

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

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

FOR LINE NUMBER: PAGE 1983 OF 2269

(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. SYLVESTER, GENA, , ,**

Mailing Address 5801 REAMER STREET

City  
HOUSTON

State  
TX

Zip Code  
77074-7631

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF EMPLOYED

Occupation (for Individual)  
INTERIOR DESIGN

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  
12 / 25 / 2019

**Transaction ID : SA11A.1883195**

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

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

**B. SZABO, MARIANNA, , ,**

Mailing Address 9700 N. WILLOW AVE

City  
TAMPA

State  
FL

Zip Code  
33612-7762

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
MID-FLORIDA PATHOLOGY

Occupation (for Individual)  
PATHOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

843.75

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 15 / 2019

**Transaction ID : SA11A.1875676**

Amount of Each Receipt this Period

75.00

☐ Memo Item  
CONTRIBUTION

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

**C. SZAFRANIC, ANTHONY, , ,**

Mailing Address 308 W BAY DRIVE

City  
VENICE

State  
FL

Zip Code  
34285-1401

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 ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 19 / 2019

**Transaction ID : SA11A.1877733**

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

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

225.00

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