## 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
The Committee To Defend The President	C C00544767
	G 33347767
Check if 24-hour report 48-hour report New report Amends report filed	on M M M / D D / Y M Y M Y
Full Name of Payee	Date of Public Distribution/Dissemination
CAMPAIGN HQ OVERRUN ON PRIOR IE TRANSACTION ID# SE24.154264	01 06 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address P.O. BOX 257	Amount
City State Zip Code	5724.34
BROOKLYN IA 52211	Transaction ID : SE24.154290 Date of Disbursement or Obligation
Purpose of Expenditure PHONE VOTER CONTACT  Category/ Type	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate   X Support Office	Sought: House District:
TRUMP, DONALD, J., , Oppose	President Senate State:
Calendar Year-To-Date Per Election for Office Sought  Disbut 2020	rsement For:
Full Name of Payee	Date of Public Distribution/Dissemination
CAMPAIGN HQ OVERRUN ON PRIOR IE TRANSACTION ID# SE24.154264	01 08 2020
Mailing Address P.O. BOX 257	
	Amount
City State Zip Code	5182.08
BROOKLYN IA 52211	Transaction ID : SE24.154291 Date of Disbursement or Obligation
Purpose of Expenditure PHONE VOTER CONTACT  Category/ Type	01 / 13 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office	Sought: House District:
TRUMP, DONALD, J., ,	President Senate State:
Calendar Year-To-Date Per Election for Office Sought  Disbut 2020	rsement For: Primary   General  Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	10906.42
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not mawith, or at the request or suggestion of, any candidate or authorized committee or agent of either, party committee) any political party committee or its agent.	
Backer, Dan, , , [Electronically Filed] Date 01	1 14 2020
Signature	

## 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

Schedule E)		NDITOTIES		PAGE 2 OF 2 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In F				FEC IDENTIFICATION NUMBER ▼
The Committee 10 L	Defend The President			C C00544767
Check if 24-hour report	<b>X</b> 48-hour report New	v report Amends	report filed on	M = M / D = D / Y = Y = Y
Full Name of Payee			Da	ate of Public Distribution/Dissemination
CAMPAIGN HQ				M 01 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address P.O. BOX	X 257		An	nount
City	State	Zip Code		100000.00
BROOKLYN	IA	52211		ansaction ID : SE24.154292 ate of Disbursement or Obligation
Purpose of Expenditure PHONE VOTER CONTAC	т	Category/ Type		01 13 2020
Name of Federal Candida	ite	<b>x</b> Suppo	ort Office So	ught: House District:
TRUMP, DONALD, J., ,		Oppos		
Calendar Year-To-Dat Per Election for Office		224020.08	Disbursen 2020	ment For:  Primary
Full Name of Payee			Da	ate of Public Distribution/Dissemination
				M M / D D / Y Y Y Y
Mailing Address			Ar	mount
City	State	Zip Code		
			Di	ate of Disbursement or Obligation
Purpose of Expenditure		Category/ Type		M M / D D / Y Y Y Y Y
Name of Federal Candida	ite	Suppo	ort Office So	ought: House District:
		Oppos		esident Senate State:
Calendar Year-To-Dat Per Election for Offic		~	Disburser	
		,		Other (specify) ▶
(a) SUBTOTAL of Itemized	d Independent Expenditures		······ <b>\</b>	100000.00
(b) SUBTOTAL of Unitemize	zed Independent Expenditures		····· •	
(c) TOTAL Independent Ex	xpenditures		······ <b>\</b>	110906.42
with, or at the request or s				in cooperation, consultation, or concert (if the reporting entity is not a political
Backer, Dan, , ,		ectronically Filed]	Date 01	14 2020
Signature				