

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

ADDRESS (number and street)

 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

- (b) Monthly Report Due On:
- | | | | |
|--------------------------------------|--------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Feb 20 (M2) | <input type="checkbox"/> May 20 (M5) | <input type="checkbox"/> Aug 20 (M8) | <input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only) |
| <input type="checkbox"/> Mar 20 (M3) | <input type="checkbox"/> Jun 20 (M6) | <input type="checkbox"/> Sep 20 (M9) | <input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only) |
| <input type="checkbox"/> Apr 20 (M4) | <input type="checkbox"/> Jul 20 (M7) | <input type="checkbox"/> Oct 20 (M10) | <input type="checkbox"/> Jan 31 (YE) |

- (c) 12-Day PRE-Election Report for the:
- | | | |
|---|--|---------------------------------------|
| <input type="checkbox"/> Primary (12P) | <input type="checkbox"/> General (12G) | <input type="checkbox"/> Runoff (12R) |
| <input type="checkbox"/> Convention (12C) | <input type="checkbox"/> Special (12S) | |

Election on / / in the State of

- (d) 30-Day POST-Election Report for the:
- | | | |
|--|---------------------------------------|--|
| <input type="checkbox"/> General (30G) | <input type="checkbox"/> Runoff (30R) | <input type="checkbox"/> Special (30S) |
|--|---------------------------------------|--|

Election on / / in the State of

5. Covering Period / / through / /

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Signature of Treasurer Date / /

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office Use Only									
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SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

THE COMMITTEE TO DEFEAT THE PRESIDENT

Report Covering the Period: From: 04 / 01 / 2024 To: 06 / 30 / 2024

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2024		16736.60
(b) Cash on Hand at Beginning of Reporting Period.....	3159.46	
(c) Total Receipts (from Line 19)	19741.80	48626.22
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	22901.26	65362.82
7. Total Disbursements (from Line 31).....	15349.63	57811.19
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	7551.63	7551.63
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information, contact the Federal Election Commission at 800-424-9530 or visit www.fec.gov

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

THE COMMITTEE TO DEFEAT THE PRESIDENT

Report Covering the Period: From: / / To: / /

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	9645.00	14320.00
(ii) Unitemized	9734.00	32984.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	19379.00	47304.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	19379.00	47304.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	122.80	275.22
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	240.00	1047.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	19741.80	48626.22
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	19741.80	48626.22

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	7730.98	36712.83
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	7730.98	36712.83
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	5444.65	17440.36
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	2174.00	3214.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	2174.00	3214.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	444.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	15349.63	57811.19
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	15349.63	57811.19

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	19379.00	47304.00
34. Total Contribution Refunds (from Line 28(d))	2174.00	3214.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	17205.00	44090.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	7730.98	36712.83
37. Offsets to Operating Expenditures (from Line 15, page 3).....	122.80	275.22
38. Net Operating Expenditures (subtract Line 37 from Line 36)	7608.18	36437.61

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: F3XA
Transaction ID :

THIS REPORT IS BEING AMENDED IN RESPONSE TO THE RFAI RECEIVED ON SEPT 2, 2024. THE I/E ENTRIES IN QUESTION HAVE BEEN EDITED TO REFLECT G2024.

Form/Schedule:
Transaction ID:

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

FOR LINE NUMBER: PAGE 7 OF 81
Use separate schedule(s) for each category of the Detailed Summary Page
FOR LINE NUMBER: (check only one)
[X] 11a 11b 11c 12
13 14 15 16 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 DEFEAT THE PRESIDENT

A. ABARA, CHINEDU, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 19 CHESTNUT HILL RD N
City ALBANY State NY Zip Code 12211
FEC ID number of contributing federal political committee. C
Name of Employer (for Individual) BASSETT MED CTR Occupation (for Individual) PHYSICIAN
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date 210.00

Date of Receipt 06 / 03 / 2024
Transaction ID : AB2332AB6091F41769B3
Amount of Each Receipt this Period 35.00
Memo Item

B. ANDERSEN, CARL, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 1876 POST OAK TRAIL
City RESTON State VA Zip Code 20191
FEC ID number of contributing federal political committee. C
Name of Employer (for Individual) FEDERAL GOVERNMENT Occupation (for Individual) RESEARCH
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date 210.00

Date of Receipt 06 / 02 / 2024
Transaction ID : A6C1EC9B72BFB47ACA98
Amount of Each Receipt this Period 35.00
Memo Item

C. AVERY, IVA, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 121 HANSFORD RD
City BURNET State TX Zip Code 78611
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 400.00

Date of Receipt 04 / 27 / 2024
Transaction ID : A35FFA9ABA8B3413394F
Amount of Each Receipt this Period 100.00
Memo Item

SUBTOTAL of Receipts This Page (optional) 170.00
TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 OF 81
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
THE COMMITTEE TO DEFEAT THE PRESIDENT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. AVERY, IVA, , ,

Mailing Address 121 HANSFORD RD

City BURNET State TX Zip Code 78611

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 ▼
500.00

Date of Receipt
MM / DD / YYYY
05 / 27 / 2024

Transaction ID : **A07F3E6F972324EEAAD2**

Amount of Each Receipt this Period
100.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. AVERY, IVA, , ,

Mailing Address 121 HANSFORD RD

City BURNET State TX Zip Code 78611

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 ▼
600.00

Date of Receipt
MM / DD / YYYY
06 / 27 / 2024

Transaction ID : **A4BEFD6DCD67E47F89B0**

Amount of Each Receipt this Period
100.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. BATES, THOMAS, , ,

Mailing Address 2661 VA BEACH BLVD

City VIRGINIA BEACH State VA Zip Code 23452

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) RK CHEVY Occupation (for Individual) AUTOMOBILE DEALER

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
400.00

Date of Receipt
MM / DD / YYYY
04 / 27 / 2024

Transaction ID : **AB99F693E876340A09A1**

Amount of Each Receipt this Period
100.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 300.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 9 OF 81
<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

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NAME OF COMMITTEE (In Full)
THE COMMITTEE TO DEFEAT THE PRESIDENT

A. BENNETT, MICHAEL, R., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 14 MOCKINGBIRD LN
 City RINGGOLD State GA Zip Code 30736
 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 ▼ 210.00

Date of Receipt **06 / 02 / 2024**
Transaction ID : A4D8F1A3E38384F329F6
 Amount of Each Receipt this Period 35.00
 Memo Item

B. BEYER, JANET, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8501 CR 6920
 City LUBBOCK State TX Zip Code 79407
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) ROGER J WOLCOTT, MD Occupation (for Individual) MEDICAL OFFICE MANAGER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **05 / 16 / 2024**
Transaction ID : A491D76540773498F857
 Amount of Each Receipt this Period 50.00
 Memo Item

C. BEYER, JANET, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8501 CR 6920
 City LUBBOCK State TX Zip Code 79407
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) ROGER J WOLCOTT, MD Occupation (for Individual) MEDICAL OFFICE MANAGER
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt **06 / 16 / 2024**
Transaction ID : AD2D7E99241304AF2A28
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	135.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 10 OF 81
<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

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NAME OF COMMITTEE (In Full)
THE COMMITTEE TO DEFEAT THE PRESIDENT

A. BOSSI, RICHARD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2 BROOKSIDE LANE
 City NORTH SALEM State NY Zip Code 10560
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NORTHERN WESTCHESTER BUILDERS INC Occupation (for Individual) DEVELOPER
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 210.00

Date of Receipt 06 / 19 / 2024
Transaction ID : A3ECBC829FE614CE98EF
 Amount of Each Receipt this Period 35.00
 Memo Item

B. BROCIOSUS, QUAY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 211 MT TOM LN
 City WELLSBORO State PA Zip Code 16901
 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 ▼ 210.00

Date of Receipt 06 / 14 / 2024
Transaction ID : AEB47BFEA10A847A4906
 Amount of Each Receipt this Period 35.00
 Memo Item

C. BROWN, PAUL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 600 N. TUSTIN #120
 City SANTA ANA State CA Zip Code 92705
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) TAX-FINANCIAL
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 28 / 2024
Transaction ID : A7FC38CD9C1344ABA981
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	120.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 11 OF 81
<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

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NAME OF COMMITTEE (In Full)
THE COMMITTEE TO DEFEAT THE PRESIDENT

A. BROWN, PAUL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 600 N. TUSTIN #120
 City SANTA ANA State CA Zip Code 92705
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) TAX-FINANCIAL
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 28 / 2024
Transaction ID : AE6BCF6E2ED3D44B68B8
 Amount of Each Receipt this Period 50.00
 Memo Item

B. CHRISTOPHER, DANIEL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3587 BOSTON ST
 City DENVER State CO Zip Code 80238
 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 ▼ 340.00

Date of Receipt 04 / 03 / 2024
Transaction ID : A251A13C796294BF3884
 Amount of Each Receipt this Period 35.00
 Memo Item

C. CHRISTOPHER, DANIEL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3587 BOSTON ST
 City DENVER State CO Zip Code 80238
 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 ▼ 340.00

Date of Receipt 04 / 03 / 2024
Transaction ID : A475FD7830DFF4865BA8
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	135.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 81
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
THE COMMITTEE TO DEFEAT THE PRESIDENT

A. CLIFFORD, LILIAN, G., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8908 GOLD LEAF WAY
 City SACRAMENTO State CA Zip Code 95826
 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 ▼ 240.00

Date of Receipt 06 / 17 / 2024
Transaction ID : AFF21BE59468945708EB
 Amount of Each Receipt this Period 40.00
 Memo Item

B. CRABTREE, CINDY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 239 W. FM 1753
 City BONHAM State TX Zip Code 75418
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) GUARDIAN HEALTHCARE Occupation (for Individual) NURSE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 06 / 22 / 2024
Transaction ID : A340D84F9F7A44A3D8DD
 Amount of Each Receipt this Period 35.00
 Memo Item

C. DAIDONE, KAREN, M., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1400 LILY ESTATES DR
 City RALEIGH State NC Zip Code 27614
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) TRIO HEALTH Occupation (for Individual) PROJECT MANAGER
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 09 / 2024
Transaction ID : A31359CED659448C48B4
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 125.00
TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER:	PAGE 13 OF 81
(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	

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NAME OF COMMITTEE (In Full)
THE COMMITTEE TO DEFEAT THE PRESIDENT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. DAIDONE, KAREN, M., ,

Mailing Address 1400 LILY ESTATES DR

City RALEIGH	State NC	Zip Code 27614
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) TRIO HEALTH	Occupation (for Individual) PROJECT MANAGER
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		09		2024

Transaction ID : A6994BAA02B954F37A8F

Amount of Each Receipt this Period
50.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. DARBY, CAROL, ELAINE, ,

Mailing Address 293 FREEMEN STREET

City TALLAPOOSA	State GA	Zip Code 30176
--------------------	-------------	-------------------

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 ▼
370.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		03		2024

Transaction ID : A39B3B1070A1747D0B0E

Amount of Each Receipt this Period
35.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. DARBY, CAROL, ELAINE, ,

Mailing Address 293 FREEMEN STREET

City TALLAPOOSA	State GA	Zip Code 30176
--------------------	-------------	-------------------

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 ▼
395.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		05		2024

Transaction ID : A268F1AB930E3493DA58

Amount of Each Receipt this Period
25.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	110.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 81
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
THE COMMITTEE TO DEFEAT THE PRESIDENT

A. DARBY, CAROL, ELAINE, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 293 FREEMEN STREET
 City TALLAPOOSA State GA Zip Code 30176
 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 ▼ 380.00

Date of Receipt **05 / 03 / 2024**
Transaction ID : A58125C312ACD4FB7800
 Amount of Each Receipt this Period 35.00
 Memo Item

B. DARBY, CAROL, ELAINE, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 293 FREEMEN STREET
 City TALLAPOOSA State GA Zip Code 30176
 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 ▼ 405.00

Date of Receipt **05 / 05 / 2024**
Transaction ID : AD644024A9F334846ACC
 Amount of Each Receipt this Period 25.00
 Memo Item

C. DARBY, CAROL, ELAINE, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 293 FREEMEN STREET
 City TALLAPOOSA State GA Zip Code 30176
 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 ▼ 440.00

Date of Receipt **06 / 03 / 2024**
Transaction ID : AEA2ADD791F3D45B5BD9
 Amount of Each Receipt this Period 35.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 95.00
TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 15 OF 81
<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

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NAME OF COMMITTEE (In Full)
THE COMMITTEE TO DEFEAT THE PRESIDENT

A. DARBY, CAROL, ELAINE, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 293 FREEMEN STREET
 City TALLAPOOSA State GA Zip Code 30176
 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 ▼ 465.00

Date of Receipt 06 / 05 / 2024
Transaction ID : A07DAE1DB314F4644A1E
 Amount of Each Receipt this Period 25.00
 Memo Item

B. DATLOF, MICHAEL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2403 COVINGTON DR
 City MYRTLE BEACH State SC Zip Code 29579
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) INSURANCE AGENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 16 / 2024
Transaction ID : A8C2409BAB46B433F80B
 Amount of Each Receipt this Period 50.00
 Memo Item

C. DATLOF, MICHAEL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2403 COVINGTON DR
 City MYRTLE BEACH State SC Zip Code 29579
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) INSURANCE AGENT
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 16 / 2024
Transaction ID : AA7A6BE6CA05549A78EC
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	125.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)	PAGE 16 OF 81
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
THE COMMITTEE TO DEFEAT THE PRESIDENT

A. DICKSON, JUNE, B., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2005 DICKSON DR
 City SHREVEPORT State LA Zip Code 71115
 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 ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 27 / 2024
Transaction ID : A84227561BF8042E2BB9
 Amount of Each Receipt this Period
 100.00
 Memo Item

B. DICKSON, JUNE, B., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2005 DICKSON DR
 City SHREVEPORT State LA Zip Code 71115
 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 ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 27 / 2024
Transaction ID : AFA7C86731D43478C94C
 Amount of Each Receipt this Period
 100.00
 Memo Item

C. DICKSON, JUNE, B., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2005 DICKSON DR
 City SHREVEPORT State LA Zip Code 71115
 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 ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 27 / 2024
Transaction ID : A6AB6346B70244168B26
 Amount of Each Receipt this Period
 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	300.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 81
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
THE COMMITTEE TO DEFEAT THE PRESIDENT

A. EASOM, SCOTT, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 59 CANYON OAK DR.

City SAN RAFAEL	State CA	Zip Code 94903
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SELF	Occupation (for Individual) SELF EMPLOYED
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt
06 / 05 / 2024
Transaction ID : **AFFBEFFC20C064A4CBFE**

Amount of Each Receipt this Period
35.00

Memo Item

B. FIELDS, JAMES, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 12683 PURDHAM DRIVE

City WOODBIDGE	State VA	Zip Code 22192
-------------------	-------------	-------------------

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 ▼
400.00

Date of Receipt
04 / 15 / 2024
Transaction ID : **AB111F9E57D4149F2A29**

Amount of Each Receipt this Period
100.00

Memo Item

C. FIELDS, JAMES, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 12683 PURDHAM DRIVE

City WOODBIDGE	State VA	Zip Code 22192
-------------------	-------------	-------------------

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 ▼
500.00

Date of Receipt
05 / 15 / 2024
Transaction ID : **AD1A4BC96F2824557976**

Amount of Each Receipt this Period
100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	235.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 18 OF 81
<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

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NAME OF COMMITTEE (In Full)
THE COMMITTEE TO DEFEAT THE PRESIDENT

A. FIELDS, JAMES, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12683 PURDHAM DRIVE
 City WOODBRIDGE State VA Zip Code 22192
 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 ▼ 600.00

Date of Receipt **06 / 15 / 2024**
Transaction ID : ACCD3E20B943C4F55B2D
 Amount of Each Receipt this Period 100.00
 Memo Item

B. FLECK, FRANK, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1525 VANCE PL
 City SANTA ANA State CA Zip Code 92701
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) ESTIMATOR Occupation (for Individual) SELF EMPLOYED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt **04 / 16 / 2024**
Transaction ID : A7E54838108BF4CCE9AC
 Amount of Each Receipt this Period 100.00
 Memo Item

C. FLECK, FRANK, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1525 VANCE PL
 City SANTA ANA State CA Zip Code 92701
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) ESTIMATOR Occupation (for Individual) SELF EMPLOYED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt **05 / 16 / 2024**
Transaction ID : AA61E9258CB1B48B3AF8
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	300.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 19 OF 81
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
THE COMMITTEE TO DEFEAT THE PRESIDENT

A. FLECK, FRANK, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1525 VANCE PL
 City SANTA ANA State CA Zip Code 92701
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) ESTIMATOR Occupation (for Individual) SELF EMPLOYED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt **06 / 16 / 2024**
Transaction ID : AC011641063264C55970
 Amount of Each Receipt this Period 100.00
 Memo Item

B. FLEGENHEIMER, WILLIAM, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 308 LEMONWOOD DR
 City FALLBROOK State CA Zip Code 92028
 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 ▼ 350.00

Date of Receipt **04 / 08 / 2024**
Transaction ID : AF82ECC6ED5544D47908
 Amount of Each Receipt this Period 50.00
 Memo Item

C. FLEGENHEIMER, WILLIAM, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 308 LEMONWOOD DR
 City FALLBROOK State CA Zip Code 92028
 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 ▼ 400.00

Date of Receipt **04 / 29 / 2024**
Transaction ID : A65FEE6AE54514C5E8BA
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	200.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 81
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
THE COMMITTEE TO DEFEAT THE PRESIDENT

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
FLEGENHEIMER, WILLIAM, , ,

Mailing Address 308 LEMONWOOD DR

City FALLBROOK	State CA	Zip Code 92028
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee.

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 / /

Transaction ID : ADA16304D56014124A85

Amount of Each Receipt this Period

Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
FLEGENHEIMER, WILLIAM, , ,

Mailing Address 308 LEMONWOOD DR

City FALLBROOK	State CA	Zip Code 92028
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee.

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 / /

Transaction ID : AA73F9041DCA84941BBB

Amount of Each Receipt this Period

Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
FLEGENHEIMER, WILLIAM, , ,

Mailing Address 308 LEMONWOOD DR

City FALLBROOK	State CA	Zip Code 92028
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee.

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt
 / /

Transaction ID : A383ED0E3D24C4B96A4B

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....	<input type="text" value="150.00"/>
TOTAL This Period (last page this line number only).....	<input type="text" value=""/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 81
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
THE COMMITTEE TO DEFEAT THE PRESIDENT

A. FLEGENHEIMER, WILLIAM, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 308 LEMONWOOD DR
 City FALLBROOK State CA Zip Code 92028
 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 ▼ 600.00

Date of Receipt 06 / 29 / 2024
Transaction ID : AA8B8FD74F96D4A1B9F1
 Amount of Each Receipt this Period 50.00
 Memo Item

B. FLEISCHMAN, SHARON, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7448 SILVER WOODS CT.
 City BOCA RATON State FL Zip Code 33433
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) GSI INC Occupation (for Individual) TROPICAL RAINTREE LLC
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 06 / 22 / 2024
Transaction ID : A8916379AD3414413B0A
 Amount of Each Receipt this Period 35.00
 Memo Item

C. FLEMING, MARGARET, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 168 CRYSTAL BROOK HOLLOW RD
 City PORT JEFFERSON STATION State NY Zip Code 11776
 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 ▼ 250.00

Date of Receipt 05 / 26 / 2024
Transaction ID : AF215D20A5DF04AC289B
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	135.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 81
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
THE COMMITTEE TO DEFEAT THE PRESIDENT

A. FLEMING, MARGARET, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 168 CRYSTAL BROOK HOLLOW RD
 City PORT JEFFERSON STATION State NY Zip Code 11776
 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 ▼ 300.00

Date of Receipt 06 / 26 / 2024
Transaction ID : A95C3031DB3BE4E17B93
 Amount of Each Receipt this Period 50.00
 Memo Item

B. FULDNER, CHRIS, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5035 STONGATE CT
 City SPRINGFIELD State MO Zip Code 65809-4013
 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 ▼ 800.00

Date of Receipt 04 / 02 / 2024
Transaction ID : A13F9F08BDB154A508E0
 Amount of Each Receipt this Period 50.00
 Memo Item

C. FULDNER, CHRIS, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5035 STONGATE CT
 City SPRINGFIELD State MO Zip Code 65809-4013
 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 ▼ 850.00

Date of Receipt 04 / 03 / 2024
Transaction ID : A19BDD0566D9F4BA6AFD
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 150.00
TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 81
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)
THE COMMITTEE TO DEFEAT THE PRESIDENT

A. FULDNER, CHRIS, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5035 STONGATE CT
 City SPRINGFIELD State MO Zip Code 65809-4013
 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 ▼ 900.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 08 / 2024
Transaction ID : A28F178EEE683435EAAA
 Amount of Each Receipt this Period 50.00
 Memo Item

B. FULDNER, CHRIS, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5035 STONGATE CT
 City SPRINGFIELD State MO Zip Code 65809-4013
 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 ▼ 900.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 02 / 2024
Transaction ID : AC3009C64748740B1991
 Amount of Each Receipt this Period 50.00
 Memo Item

C. FULDNER, CHRIS, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5035 STONGATE CT
 City SPRINGFIELD State MO Zip Code 65809-4013
 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 ▼ 950.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 03 / 2024
Transaction ID : A6DF1CB9B917B40C08FE
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	150.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 24 OF 81
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
THE COMMITTEE TO DEFEAT THE PRESIDENT

A. FULDNER, CHRIS, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5035 STONGATE CT

City SPRINGFIELD	State MO	Zip Code 65809-4013
---------------------	-------------	------------------------

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 ▼
1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 08 / 2024

Transaction ID : A65BB1FCC89994B2EADA

Amount of Each Receipt this Period
50.00

Memo Item

B. FULDNER, CHRIS, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5035 STONGATE CT

City SPRINGFIELD	State MO	Zip Code 65809-4013
---------------------	-------------	------------------------

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 ▼
1050.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 02 / 2024

Transaction ID : A44D2972253E74581B63

Amount of Each Receipt this Period
50.00

Memo Item

C. FULDNER, CHRIS, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5035 STONGATE CT

City SPRINGFIELD	State MO	Zip Code 65809-4013
---------------------	-------------	------------------------

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 M / D D D / Y Y Y Y Y Y
 06 / 03 / 2024

Transaction ID : ACB5CDCCAC4764B5DAD

Amount of Each Receipt this Period
50.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	150.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 81
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
THE COMMITTEE TO DEFEAT THE PRESIDENT

A. FULDNER, CHRIS, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5035 STONGATE CT
 City SPRINGFIELD State MO Zip Code 65809-4013
 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 ▼ 1200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 08 / 2024
Transaction ID : A81CD553251554837A9F
 Amount of Each Receipt this Period
 50.00
 Memo Item

B. FULDNER, CHRIS, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5035 STONGATE CT
 City SPRINGFIELD State MO Zip Code 65809-4013
 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 ▼ 1200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 08 / 2024
Transaction ID : AEF1AFD525A6F4985BE0
 Amount of Each Receipt this Period
 50.00
 Memo Item

C. FURGSON, LOUIS, J., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 621 S ROUND ST
 City BLACKSTONE State VA Zip Code 23824
 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 ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 09 / 2024
Transaction ID : AD548402D1BF84EAC99E
 Amount of Each Receipt this Period
 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	150.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 81
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
THE COMMITTEE TO DEFEAT THE PRESIDENT

A. FURGSON, LOUIS, J., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 621 S ROUND ST
 City BLACKSTONE State VA Zip Code 23824
 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 ▼ 300.00

Date of Receipt
 06 / 09 / 2024
Transaction ID : AE76965404EBE496F92E
 Amount of Each Receipt this Period 50.00
 Memo Item

B. GASHENKO, LUDA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5401 OLD SEWARD HWY
 City ANCHORAGE State AK Zip Code 99518
 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 ▼ 400.00

Date of Receipt
 04 / 08 / 2024
Transaction ID : A714904833F6449CC82A
 Amount of Each Receipt this Period 100.00
 Memo Item

C. GASHENKO, LUDA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5401 OLD SEWARD HWY
 City ANCHORAGE State AK Zip Code 99518
 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 ▼ 500.00

Date of Receipt
 05 / 08 / 2024
Transaction ID : A15B4DAAED3E4406ABC1
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	250.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 27 OF 81
<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

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NAME OF COMMITTEE (In Full)
THE COMMITTEE TO DEFEAT THE PRESIDENT

A. GASHENKO, LUDA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5401 OLD SEWARD HWY
 City ANCHORAGE State AK Zip Code 99518
 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 ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 08 / 2024
Transaction ID : A9EA7E0AE5A4D42A4AC/
 Amount of Each Receipt this Period
 100.00
 Memo Item

B. GEVEDEN, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P0 BOX 609
 City COTTONWOOD State CA Zip Code 96022
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) RESTAURANT/ CONSTRUCTION
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 26 / 2024
Transaction ID : A7EEC8F6AC00B42888BF
 Amount of Each Receipt this Period
 40.00
 Memo Item

C. GOOS, JEAN, M, MS.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7840 WEST PAINE AVENUE
 City LAKEWOOD State CO Zip Code 80235
 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 ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 28 / 2024
Transaction ID : A0F7C1368356E4DBE8B1
 Amount of Each Receipt this Period
 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	190.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 81
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
THE COMMITTEE TO DEFEAT THE PRESIDENT

A. GOOS, JEAN, M, MS.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7840 WEST PAINE AVENUE
 City LAKEWOOD State CO Zip Code 80235
 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 ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 28 / 2024
Transaction ID : AE2C6052FD96F4C41A4F
 Amount of Each Receipt this Period
 50.00
 Memo Item

B. HACKBARDT, LINDA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2290 KEATON CHASE DR
 City FLEMING ISLAND State FL Zip Code 32003
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) WATSON REALTY CORP Occupation (for Individual) REALTOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 22 / 2024
Transaction ID : A35F210884B3E4F22B59
 Amount of Each Receipt this Period
 35.00
 Memo Item

C. HANSON, AMY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 327 S. 24TH. ST. W. #5
 City BILLINGS State MT Zip Code 59102
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SEWING CENTER WEST Occupation (for Individual) BUSINESS OWNER
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 03 / 2024
Transaction ID : ABA05C2195E5246EBBE2
 Amount of Each Receipt this Period
 35.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	120.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)	PAGE 29 OF 81
<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	

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NAME OF COMMITTEE (In Full)
THE COMMITTEE TO DEFEAT THE PRESIDENT

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
HARRISON, NANCY, , ,

Mailing Address 1010 MEADOWOOD POINTE RD

City LAKELAND	State FL	Zip Code 33811
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SELF-EMPLOYED	Occupation (for Individual) SELF-EMPLOYED
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 06 / 2024

Transaction ID : A656E26B450FB46FD838

Amount of Each Receipt this Period
50.00

Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
HARRISON, NANCY, , ,

Mailing Address 1010 MEADOWOOD POINTE RD

City LAKELAND	State FL	Zip Code 33811
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SELF-EMPLOYED	Occupation (for Individual) SELF-EMPLOYED
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 06 / 2024

Transaction ID : A69D171FE7530498B865

Amount of Each Receipt this Period
50.00

Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
HIGHTS, CHARLES, , ,

Mailing Address 247 SUMMERFORD

City SAN RAMON	State CA	Zip Code 94583
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) PERSPECTA	Occupation (for Individual) SYSTEMS ENGINEER
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 13 / 2024

Transaction ID : A5F972954B2874812B8D

Amount of Each Receipt this Period
35.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	135.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 81
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
THE COMMITTEE TO DEFEAT THE PRESIDENT

A. JOHNSON, DENNIS, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3418 E. SUNCREST CT
 City PHOENIX State AZ Zip Code 85044-3506
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) TRAFFICADE SERVICE INC. Occupation (for Individual) PRESIDENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt **04 / 14 / 2024**
Transaction ID : AE3FFF86B41334DF4969
 Amount of Each Receipt this Period 100.00
 Memo Item

B. JOHNSON, DENNIS, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3418 E. SUNCREST CT
 City PHOENIX State AZ Zip Code 85044-3506
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) TRAFFICADE SERVICE INC. Occupation (for Individual) PRESIDENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt **05 / 14 / 2024**
Transaction ID : A990F679BD3264D5F8C2
 Amount of Each Receipt this Period 100.00
 Memo Item

C. JOHNSON, DENNIS, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3418 E. SUNCREST CT
 City PHOENIX State AZ Zip Code 85044-3506
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) TRAFFICADE SERVICE INC. Occupation (for Individual) PRESIDENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt **06 / 14 / 2024**
Transaction ID : A231BA56854494A7781A
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	300.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 31 OF 81
<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

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NAME OF COMMITTEE (In Full)
THE COMMITTEE TO DEFEAT THE PRESIDENT

A. KEELING, JANE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3470 WILD OAK BAY
 147
 City BRADENTON State FL Zip Code 34210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) ARTIST
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 25 / 2024
Transaction ID : ADD169FE079C14E8A8EF
 Amount of Each Receipt this Period
 50.00
 Memo Item

B. KENWORTHY, CHRISTINE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10407 SOUTHERN HAWKER
 City CONROE State TX Zip Code 77385
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) SELF EMPLOYED-CONSULTANT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 09 / 2024
Transaction ID : A1E0D5C89328A4180B81
 Amount of Each Receipt this Period
 100.00
 Memo Item

C. KENWORTHY, CHRISTINE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10407 SOUTHERN HAWKER
 City CONROE State TX Zip Code 77385
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) SELF EMPLOYED-CONSULTANT
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 09 / 2024
Transaction ID : A35FA90979C56477DB40
 Amount of Each Receipt this Period
 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	250.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 81		
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14	<input type="checkbox"/> 11c <input type="checkbox"/> 15	<input type="checkbox"/> 12 <input type="checkbox"/> 16

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NAME OF COMMITTEE (In Full)
THE COMMITTEE TO DEFEAT THE PRESIDENT

A. KENWORTHY, CHRISTINE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10407 SOUTHERN HAWKER
 City CONROE State TX Zip Code 77385
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) SELF EMPLOYED-CONSULTANT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 06 / 09 / 2024
Transaction ID : A8158B289C4514A4BBB9
 Amount of Each Receipt this Period 100.00
 Memo Item

B. KIRWAN, KYLE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1920 GROVE STREET
 City SONOMA State CA Zip Code 95476
 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 ▼ 400.00

Date of Receipt 04 / 14 / 2024
Transaction ID : A0FE48BBF776740058FE
 Amount of Each Receipt this Period 100.00
 Memo Item

C. KIRWAN, KYLE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1920 GROVE STREET
 City SONOMA State CA Zip Code 95476
 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 ▼ 500.00

Date of Receipt 05 / 14 / 2024
Transaction ID : A68016124835848D59F5
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	300.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 33 OF 81
<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

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NAME OF COMMITTEE (In Full)
THE COMMITTEE TO DEFEAT THE PRESIDENT

A. KIRWAN, KYLE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1920 GROVE STREET
 City SONOMA State CA Zip Code 95476
 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 ▼ 600.00

Date of Receipt **06 / 14 / 2024**
Transaction ID : AAC15B73E71D64FBBE
 Amount of Each Receipt this Period 100.00
 Memo Item

B. KOETHER, BERNARD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 757 SE 17TH ST STE 1074
 City FORT LAUDERDALE State FL Zip Code 33316
 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 **04 / 03 / 2024**
Transaction ID : AD937C9915B6D4BEC930
 Amount of Each Receipt this Period 25.00
 Memo Item

C. KOETHER, BERNARD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 757 SE 17TH ST STE 1074
 City FORT LAUDERDALE State FL Zip Code 33316
 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 **04 / 29 / 2024**
Transaction ID : A78F4C450BB204A23BD1
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	375.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 34 OF 81
<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 DEFEAT THE PRESIDENT

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
KOETHER, BERNARD, , ,

Mailing Address 757 SE 17TH ST STE 1074

City FORT LAUDERDALE	State FL	Zip Code 33316
-------------------------	-------------	-------------------

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 ▼
1125.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 03 / 2024

Transaction ID : AF0B5EAE0DD7C4911A23

Amount of Each Receipt this Period
25.00

Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
KOETHER, BERNARD, , ,

Mailing Address 757 SE 17TH ST STE 1074

City FORT LAUDERDALE	State FL	Zip Code 33316
-------------------------	-------------	-------------------

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 ▼
1375.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 29 / 2024

Transaction ID : A1CD329E3C4F144F5A52

Amount of Each Receipt this Period
250.00

Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
KOETHER, BERNARD, , ,

Mailing Address 757 SE 17TH ST STE 1074

City FORT LAUDERDALE	State FL	Zip Code 33316
-------------------------	-------------	-------------------

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 ▼
1400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 03 / 2024

Transaction ID : AA6B703EC0C874B60A52

Amount of Each Receipt this Period
25.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	300.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 81
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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 DEFEAT THE PRESIDENT

A. KOETHER, BERNARD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 757 SE 17TH ST STE 1074
 City FORT LAUDERDALE State FL Zip Code 33316
 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 ▼ 1650.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 29 / 2024
Transaction ID : AA49D175E5214414B8CF
 Amount of Each Receipt this Period
 250.00
 Memo Item

B. LYTLE, JOHN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3636 GIDDINGS RANCH ROAD
 City ALTADENA State CA Zip Code 91001
 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 ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 14 / 2024
Transaction ID : AC65BBC669BC74471B67
 Amount of Each Receipt this Period
 50.00
 Memo Item

C. LYTLE, JOHN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3636 GIDDINGS RANCH ROAD
 City ALTADENA State CA Zip Code 91001
 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 ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 14 / 2024
Transaction ID : A47962F6694994679933
 Amount of Each Receipt this Period
 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	350.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 81
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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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 DEFEAT THE PRESIDENT

A. LYTLE, JOHN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3636 GIDDINGS RANCH ROAD
 City ALTADENA State CA Zip Code 91001
 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 ▼ 300.00

Date of Receipt
 06 / 14 / 2024
Transaction ID : AB1C2F4809B444F54AB8
 Amount of Each Receipt this Period 50.00
 Memo Item

B. MERRITT, JOHN, G., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3100 CLUB DR #310
 City LAWRENCEVILLE State GA Zip Code 30044-8905
 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 ▼ 210.00

Date of Receipt
 06 / 28 / 2024
Transaction ID : AD39269D3A1E2484AAD1
 Amount of Each Receipt this Period 35.00
 Memo Item

C. MIDDLETON, WILLIAM, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4969 TWIN BRANCHES WAY
 City ATLANTA State GA Zip Code 30338
 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 ▼ 250.00

Date of Receipt
 05 / 27 / 2024
Transaction ID : A3EEC2034EF14431881E
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	135.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

FOR LINE NUMBER: PAGE 37 OF 81
Use separate schedule(s) for each category of the Detailed Summary Page
FOR LINE NUMBER: (check only one)
[X] 11a 11b 11c 12
13 14 15 16 17

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NAME OF COMMITTEE (In Full)
THE COMMITTEE TO DEFEAT THE PRESIDENT

A. MIDDLETON, WILLIAM, , ,
Mailing Address 4969 TWIN BRANCHES WAY
City ATLANTA State GA Zip Code 30338
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 300.00

Date of Receipt 06 / 27 / 2024
Transaction ID : A202A41111CA34DD9BD3
Amount of Each Receipt this Period 50.00
Memo Item

B. MITCHELL, ROBERT, A., ,
Mailing Address 6212 SCENIC WAY
City BAKERSFIELD State CA Zip Code 93309
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 400.00

Date of Receipt 04 / 08 / 2024
Transaction ID : A9C94FC2DAB014C74AE2
Amount of Each Receipt this Period 100.00
Memo Item

C. MITCHELL, ROBERT, A., ,
Mailing Address 6212 SCENIC WAY
City BAKERSFIELD State CA Zip Code 93309
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 500.00

Date of Receipt 05 / 08 / 2024
Transaction ID : A4CFD549C2B4DBCBF4
Amount of Each Receipt this Period 100.00
Memo Item

SUBTOTAL of Receipts This Page (optional) 250.00
TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 38 OF 81
<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

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NAME OF COMMITTEE (In Full)
THE COMMITTEE TO DEFEAT THE PRESIDENT

A. MITCHELL, ROBERT, A., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6212 SCENIC WAY
 City BAKERSFIELD State CA Zip Code 93309
 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 ▼ 600.00

Date of Receipt **06 / 08 / 2024**
Transaction ID : A49ACA82A720945C8873
 Amount of Each Receipt this Period 100.00
 Memo Item

B. MUSHANEY, MAVIS, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 14140 ESTERO ROAD
 City VICTORVILLE State CA Zip Code 92392
 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 ▼ 220.00

Date of Receipt **04 / 10 / 2024**
Transaction ID : A1B97FE7B60FC4A1EBA4
 Amount of Each Receipt this Period 50.00
 Memo Item

C. MUSHANEY, MAVIS, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 14140 ESTERO ROAD
 City VICTORVILLE State CA Zip Code 92392
 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 ▼ 225.00

Date of Receipt **05 / 09 / 2024**
Transaction ID : AC628610088F140B0BFA
 Amount of Each Receipt this Period 5.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	155.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 81
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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 DEFEAT THE PRESIDENT

A. MUSHANEY, MAVIS, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 14140 ESTERO ROAD
 City VICTORVILLE State CA Zip Code 92392
 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 ▼ 275.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 10 / 2024
Transaction ID : A51BE34F21C1E4DD9802
 Amount of Each Receipt this Period
 50.00
 Memo Item

B. NANKIVELL, MELANIE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5840 MOONSTONE BEACH DRIVE
 City CAMBRIA State CA Zip Code 93428
 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 ▼ 355.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 02 / 2024
Transaction ID : A6DAC0E4FBE644D9AA77
 Amount of Each Receipt this Period
 50.00
 Memo Item

C. NANKIVELL, MELANIE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5840 MOONSTONE BEACH DRIVE
 City CAMBRIA State CA Zip Code 93428
 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 ▼ 390.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 03 / 2024
Transaction ID : A37505B01A96C421A833
 Amount of Each Receipt this Period
 35.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	135.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 81
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
THE COMMITTEE TO DEFEAT THE PRESIDENT

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
NANKIVELL, MELANIE, , ,

Mailing Address 5840 MOONSTONE BEACH DRIVE

City CAMBRIA	State CA	Zip Code 93428
-----------------	-------------	-------------------

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 ▼
390.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 02 / 2024

Transaction ID : A40AB99F72AB8466D9E1

Amount of Each Receipt this Period
50.00

Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
NANKIVELL, MELANIE, , ,

Mailing Address 5840 MOONSTONE BEACH DRIVE

City CAMBRIA	State CA	Zip Code 93428
-----------------	-------------	-------------------

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 ▼
425.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 03 / 2024

Transaction ID : AB6A12D6A88FD4831939

Amount of Each Receipt this Period
35.00

Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
NANKIVELL, MELANIE, , ,

Mailing Address 5840 MOONSTONE BEACH DRIVE

City CAMBRIA	State CA	Zip Code 93428
-----------------	-------------	-------------------

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 ▼
475.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 02 / 2024

Transaction ID : A56442A9323B7486B824

Amount of Each Receipt this Period
50.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	135.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)	PAGE 41 OF 81
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
THE COMMITTEE TO DEFEAT THE PRESIDENT

A. NANKIVELL, MELANIE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5840 MOONSTONE BEACH DRIVE
 City CAMBRIA State CA Zip Code 93428
 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 ▼ 510.00

Date of Receipt **06 / 03 / 2024**
Transaction ID : AD1EF4AA532B74D19B5F
 Amount of Each Receipt this Period 35.00
 Memo Item

B. NOZNISKY, SARAH, A., MS.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 54 HARDING AVE
 City BUFFALO State NY Zip Code 14217
 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 ▼ 250.00

Date of Receipt **05 / 08 / 2024**
Transaction ID : ABF6D207BA4504A9DB83
 Amount of Each Receipt this Period 50.00
 Memo Item

C. NOZNISKY, SARAH, A., MS.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 54 HARDING AVE
 City BUFFALO State NY Zip Code 14217
 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 ▼ 300.00

Date of Receipt **06 / 08 / 2024**
Transaction ID : A67861D4353FE4E32ABA
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	135.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 81
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
THE COMMITTEE TO DEFEAT THE PRESIDENT

A. OC, MARLIN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 15589 S 291ST E. AVE.
 City COWETA State OK Zip Code 74429
 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 ▼ 210.00

Date of Receipt **06 / 13 / 2024**
Transaction ID : AE785DF46D1064A02842
 Amount of Each Receipt this Period 35.00
 Memo Item

B. ODonell, JOHN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 618
 City VENICE State FL Zip Code 34284
 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 ▼ 250.00

Date of Receipt **05 / 19 / 2024**
Transaction ID : AFBC85EC597834F9E8EE
 Amount of Each Receipt this Period 50.00
 Memo Item

C. ODonell, JOHN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 618
 City VENICE State FL Zip Code 34284
 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 ▼ 300.00

Date of Receipt **06 / 19 / 2024**
Transaction ID : AD60A25D1B97D4CBA3B
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	135.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 81
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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 DEFEAT THE PRESIDENT

A. PAGAN, BARBARA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2526 KOMO MAI DR
 City PEARL CITY State HI Zip Code 96782
 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 ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 25 / 2024
Transaction ID : AC0E65B6F2B124C77AC7
 Amount of Each Receipt this Period
 50.00
 Memo Item

B. PAGAN, BARBARA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2526 KOMO MAI DR
 City PEARL CITY State HI Zip Code 96782
 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 ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 25 / 2024
Transaction ID : AC05D3CD878704AF0BE8
 Amount of Each Receipt this Period
 50.00
 Memo Item

C. PASSEN, SELVIN, , , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 648 LAKESHORE BLVD
 City ZEPHYR COVE State NV Zip Code 89448
 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 ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 18 / 2024
Transaction ID : A45F41EB993374A938ED
 Amount of Each Receipt this Period
 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	150.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER:	PAGE 44 OF 81
(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
THE COMMITTEE TO DEFEAT THE PRESIDENT

A. PASSEN, SELVIN, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 648 LAKESHORE BLVD
 City ZEPHYR COVE State NV Zip Code 89448
 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 ▼ 300.00

Date of Receipt 06 / 18 / 2024
Transaction ID : A4E7810700B954AEB9A5
 Amount of Each Receipt this Period 50.00
 Memo Item

B. PENDERGRAFT, GORDON, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 20901 S 103 E AVE
 City BIXBY State OK Zip Code 74008
 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 ▼ 250.00

Date of Receipt 04 / 03 / 2024
Transaction ID : AB50E31D8E4C6494295E
 Amount of Each Receipt this Period 50.00
 Memo Item

C. PENDERGRAFT, GORDON, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 20901 S 103 E AVE
 City BIXBY State OK Zip Code 74008
 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 ▼ 250.00

Date of Receipt 05 / 03 / 2024
Transaction ID : A6F1769D4759644C5B1D
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	150.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 45 OF 81
<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

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NAME OF COMMITTEE (In Full)
THE COMMITTEE TO DEFEAT THE PRESIDENT

A. PENDERGRAFT, GORDON, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 20901 S 103 E AVE
 City BIXBY State OK Zip Code 74008
 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 ▼ 300.00

Date of Receipt 06 / 03 / 2024
Transaction ID : A23EBD7FDCB394A8EA37
 Amount of Each Receipt this Period 50.00
 Memo Item

B. PERKINS, EDWARD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4486 NORTH WHITEPAW DRIVE
 City APPLETON State WI Zip Code 54913
 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 ▼ 250.00

Date of Receipt 04 / 05 / 2024
Transaction ID : AF8479E518FC1423BB87
 Amount of Each Receipt this Period 50.00
 Memo Item

C. PERKINS, EDWARD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4486 NORTH WHITEPAW DRIVE
 City APPLETON State WI Zip Code 54913
 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 ▼ 250.00

Date of Receipt 05 / 05 / 2024
Transaction ID : AE8B7FCFE60774FACB83
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	150.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 OF 81
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
THE COMMITTEE TO DEFEAT THE PRESIDENT

A. PERKINS, EDWARD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4486 NORTH WHITEPAW DRIVE
 City APPLETON State WI Zip Code 54913
 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 ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 05 / 2024
Transaction ID : A31383102DE2F4F4EA30
 Amount of Each Receipt this Period 50.00
 Memo Item

B. PRICE, LINDA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2668 GLENDALE
 City GROVE CITY State OH Zip Code 43123
 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 ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 29 / 2024
Transaction ID : A240C69276F4B489698B
 Amount of Each Receipt this Period 35.00
 Memo Item

C. PULSINELLE, ARLENE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12 DELAFIELD AVE
 City LYNDHURST State NJ Zip Code 07071
 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 ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 16 / 2024
Transaction ID : A252F677E34C54EF786C
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	135.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 47 OF 81
<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

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NAME OF COMMITTEE (In Full)
THE COMMITTEE TO DEFEAT THE PRESIDENT

A. PULSINELLE, ARLENE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12 DELAFIELD AVE
 City LYNDHURST State NJ Zip Code 07071
 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 ▼ 300.00

Date of Receipt 06 / 16 / 2024
Transaction ID : AD99F3D728E5E4E56A80
 Amount of Each Receipt this Period 50.00
 Memo Item

B. PUTNAM, STEVE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1445 MANATEE CIR
 City TARPON SPRINGS State FL Zip Code 34689
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RAYMOND JAMES FINANCIAL SERVICES Occupation (for Individual) INVESTMENT ADVISOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 04 / 30 / 2024
Transaction ID : AFE0A18DFAC3C457DBD9
 Amount of Each Receipt this Period 50.00
 Memo Item

C. PUTNAM, STEVE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1445 MANATEE CIR
 City TARPON SPRINGS State FL Zip Code 34689
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RAYMOND JAMES FINANCIAL SERVICES Occupation (for Individual) INVESTMENT ADVISOR
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 05 / 31 / 2024
Transaction ID : A59800626D7F94F92BFB
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	150.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 81
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
THE COMMITTEE TO DEFEAT THE PRESIDENT

A. PUTNAM, STEVE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1445 MANATEE CIR
 City TARPON SPRINGS State FL Zip Code 34689
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RAYMOND JAMES FINANCIAL SERVICES Occupation (for Individual) INVESTMENT ADVISOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 06 / 30 / 2024
Transaction ID : AAFF6E65571543ABB01
 Amount of Each Receipt this Period 50.00
 Memo Item

B. RIBNER, CLIFFORD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 320 SOUTH BOSTON, STE. 1130
 City TULSA State OK Zip Code 74103
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) LAWYER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 04 / 03 / 2024
Transaction ID : A83807D9AF5A747D193B
 Amount of Each Receipt this Period 50.00
 Memo Item

C. RIBNER, CLIFFORD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 320 SOUTH BOSTON, STE. 1130
 City TULSA State OK Zip Code 74103
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) LAWYER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 03 / 2024
Transaction ID : A0FE0CF10FC694B67A0A
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 150.00
TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 OF 81
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
THE COMMITTEE TO DEFEAT THE PRESIDENT

A. RIBNER, CLIFFORD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 320 SOUTH BOSTON, STE. 1130
 City TULSA State OK Zip Code 74103
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) LAWYER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt **06 / 03 / 2024**
Transaction ID : A112D80BF717C48DB9E1
 Amount of Each Receipt this Period 50.00
 Memo Item

B. ROY, JOSEPHINE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1 OCEAN AVE 81
 City BELMAR State NJ Zip Code 07719-2054
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) WEST NEW YORK BOARD OF EDUCATION Occupation (for Individual) TEACHER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **04 / 03 / 2024**
Transaction ID : A7D46F346B5D74CC790C
 Amount of Each Receipt this Period 50.00
 Memo Item

C. ROY, JOSEPHINE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1 OCEAN AVE 81
 City BELMAR State NJ Zip Code 07719-2054
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) WEST NEW YORK BOARD OF EDUCATION Occupation (for Individual) TEACHER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **05 / 03 / 2024**
Transaction ID : AACF004F21C474FC48DA
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	150.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 OF 81
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
THE COMMITTEE TO DEFEAT THE PRESIDENT

A. ROY, JOSEPHINE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1 OCEAN AVE
 81
 City BELMAR State NJ Zip Code 07719-2054
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) WEST NEW YORK BOARD OF EDUCATION Occupation (for Individual) TEACHER
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 03 / 2024
Transaction ID : AA091A74183B94C8FB0F
 Amount of Each Receipt this Period
 50.00
 Memo Item

B. SHRINIVAS, RAVEE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 505 8TH AVE STE 1402
 City NEW YORK State NY Zip Code 10018
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) CERTIFIED PUBLIC ACCOUNTANT
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 27 / 2024
Transaction ID : A04033F0FA4194414A9F
 Amount of Each Receipt this Period
 100.00
 Memo Item

C. SHRINIVAS, RAVEE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 505 8TH AVE STE 1402
 City NEW YORK State NY Zip Code 10018
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) CERTIFIED PUBLIC ACCOUNTANT
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 27 / 2024
Transaction ID : A111C817B5E8847DBA84
 Amount of Each Receipt this Period
 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	250.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 51 OF 81
<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

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NAME OF COMMITTEE (In Full)
THE COMMITTEE TO DEFEAT THE PRESIDENT

A. SHRINIVAS, RAVEE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 505 8TH AVE STE 1402
 City NEW YORK State NY Zip Code 10018
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) CERTIFIED PUBLIC ACCOUNTANT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 06 / 27 / 2024
Transaction ID : A0BC67D1AEB624A8588F
 Amount of Each Receipt this Period 100.00
 Memo Item

B. URIBE, ROD, , , DMD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 35905 HENDRICKS RD
 City METTER State GA Zip Code 30439
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF. EAST GA ORAL SURGERY Occupation (for Individual) ORAL SURGEON
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 06 / 19 / 2024
Transaction ID : A2BD67FDFC83540D3BB0
 Amount of Each Receipt this Period 35.00
 Memo Item

C. WADE, IRMA, F., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 189 PENNSYLVANIA AVE
 City MEDFORD State NY Zip Code 11763
 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 ▼ 250.00

Date of Receipt 05 / 08 / 2024
Transaction ID : AA049657686854CFC8F3
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	185.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 OF 81
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
THE COMMITTEE TO DEFEAT THE PRESIDENT

A. WADE, IRMA, F., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 189 PENNSYLVANIA AVE
 City MEDFORD State NY Zip Code 11763
 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 ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 08 / 2024
Transaction ID : AB4747B20538248E5987
 Amount of Each Receipt this Period
 50.00
 Memo Item

B. WALKER, JOHN, R., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX G
 City MERRILL State OR Zip Code 97633
 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 ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 06 / 2024
Transaction ID : A5A830B9D594C4860AEF
 Amount of Each Receipt this Period
 100.00
 Memo Item

C. WALKER, JOHN, R., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX G
 City MERRILL State OR Zip Code 97633
 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 ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 06 / 2024
Transaction ID : AD3BC7B26010D466DB13
 Amount of Each Receipt this Period
 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	250.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER:	PAGE 53 OF 81
(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	

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NAME OF COMMITTEE (In Full)
THE COMMITTEE TO DEFEAT THE PRESIDENT

A. WALKER, JOHN, R., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX G
 City MERRILL State OR Zip Code 97633
 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 ▼ 600.00

Date of Receipt
 06 / 06 / 2024
Transaction ID : AD790B5049D0F42048B3
 Amount of Each Receipt this Period
 100.00
 Memo Item

B. WILLIAMS, TWYLA, J., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12815 AMARANTH STREET
 City SAN DIEGO State CA Zip Code 92129
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) DAVIS & ADAMS CONSTRUCTION Occupation (for Individual) CONTROLLER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 04 / 22 / 2024
Transaction ID : A24EB81669D5D4DDCB03
 Amount of Each Receipt this Period
 100.00
 Memo Item

C. WILLIAMS, TWYLA, J., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12815 AMARANTH STREET
 City SAN DIEGO State CA Zip Code 92129
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) DAVIS & ADAMS CONSTRUCTION Occupation (for Individual) CONTROLLER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 05 / 22 / 2024
Transaction ID : A665E063308814B95B14
 Amount of Each Receipt this Period
 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	300.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 54 OF 81
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
THE COMMITTEE TO DEFEAT THE PRESIDENT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. WILLIAMS, TWYLA, J, ,

Mailing Address **12815 AMARANTH STREET**

City SAN DIEGO	State CA	Zip Code 92129
--------------------------	--------------------	--------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) DAVIS & ADAMS CONSTRUCTION	Occupation (for Individual) CONTROLLER
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	22	/	2024

Transaction ID : A3FC54F035E17407DAF6

Amount of Each Receipt this Period

100.00

 Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. WILSON, LYNN, , ,

Mailing Address **3221 BAY SHORE RD**

City SARASOTA	State FL	Zip Code 34234
-------------------------	--------------------	--------------------------

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 ▼ **400.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	19	/	2024

Transaction ID : AE005CE8E9A9B497B9D0

Amount of Each Receipt this Period

100.00

 Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. WILSON, LYNN, , ,

Mailing Address **3221 BAY SHORE RD**

City SARASOTA	State FL	Zip Code 34234
-------------------------	--------------------	--------------------------

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 ▼ **500.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	19	/	2024

Transaction ID : A3917AF8975204EC0B06

Amount of Each Receipt this Period

100.00

 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	300.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER:	PAGE 55 OF 81
(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/>	<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 DEFEAT THE PRESIDENT

A. WILSON, LYNN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3221 BAY SHORE RD
 City SARASOTA State FL Zip Code 34234
 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 ▼ 600.00

Date of Receipt **06 / 19 / 2024**
Transaction ID : A05AEFC80855F4A3E8C0
 Amount of Each Receipt this Period 100.00
 Memo Item

B. WISEMAN, BARBARA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 110 ARONIMINK DRIVE
 City NEWARK State DE Zip Code 19711
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NA Occupation (for Individual) 3 M KCI
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **05 / 28 / 2024**
Transaction ID : A97B7902F60A44B49BF0
 Amount of Each Receipt this Period 50.00
 Memo Item

C. WISEMAN, BARBARA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 110 ARONIMINK DRIVE
 City NEWARK State DE Zip Code 19711
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NA Occupation (for Individual) 3 M KCI
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt **06 / 28 / 2024**
Transaction ID : AC3A6AB34E1374062B95
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 200.00
TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 56 OF 81
<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

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NAME OF COMMITTEE (In Full)
THE COMMITTEE TO DEFEAT THE PRESIDENT

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
WITTENBRAKER, PHYLLIS, , ,

Mailing Address 1080 HOBBS REESOR RD

City VINE GROVE	State KY	Zip Code 40175
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) ARMY HUMAN RESOURCES COMMAND	Occupation (for Individual) OPERATION RESEARCH SYSTEMS A
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	20	/	2024

Transaction ID : A13F392E40CBF4ADD83A

Amount of Each Receipt this Period
40.00

Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
WORTHING, SUZANNE, , ,

Mailing Address 10415 CHURCH ROAD

City DALLAS	State TX	Zip Code 75238
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) CISCO-EAGLE, INC.	Occupation (for Individual) ADMINISTRATIVE ASSISTANT
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	26	/	2024

Transaction ID : AED15AC55F7F04D8AA9B

Amount of Each Receipt this Period
50.00

Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
WORTHING, SUZANNE, , ,

Mailing Address 10415 CHURCH ROAD

City DALLAS	State TX	Zip Code 75238
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) CISCO-EAGLE, INC.	Occupation (for Individual) ADMINISTRATIVE ASSISTANT
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	26	/	2024

Transaction ID : A9E0FDE5FCF774275A36

Amount of Each Receipt this Period
50.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	140.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 OF 81
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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 DEFEAT THE PRESIDENT

A. YINGLING, BILL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2308 PACIFIC DRIVE
 City CORONA DEL MAR State CA Zip Code 92625
 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 ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 26 / 2024
Transaction ID : A0E450DB1A2CE448CB44
 Amount of Each Receipt this Period
 50.00
 Memo Item

B. YINGLING, BILL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2308 PACIFIC DRIVE
 City CORONA DEL MAR State CA Zip Code 92625
 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 ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 26 / 2024
Transaction ID : A8845EDFB3BBA4DDA941
 Amount of Each Receipt this Period
 50.00
 Memo Item

C.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 Amount of Each Receipt this Period
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	100.00
TOTAL This Period (last page this line number only).....	9645.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 58 OF 81
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input checked="" type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
THE COMMITTEE TO DEFEAT THE PRESIDENT

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

A. CAMPAIGN SOLUTIONS

Mailing Address 117 N SAINT ASAPH ST.

City ALEXANDRIA	State VA	Zip Code 22314
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
252.72

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 07 / 2024

Transaction ID : AF4963F0CB81B47678A2

Amount of Each Receipt this Period
85.68

Memo Item
SUSTAINING DONOR FEE REFUND

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

B. CAMPAIGN SOLUTIONS

Mailing Address 117 N SAINT ASAPH ST.

City ALEXANDRIA	State VA	Zip Code 22314
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
275.22

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 28 / 2024

Transaction ID : A234F732E45D642EFBFC

Amount of Each Receipt this Period
22.50

Memo Item
SUSTAINING DONOR FEE REFUND

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

C.

Mailing Address

City	State	Zip Code
------	-------	----------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....	108.18
TOTAL This Period (last page this line number only).....	108.18

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

THE COMMITTEE TO DEFEAT THE PRESIDENT

Full Name (Last, First, Middle Initial)

A. ANEDOT

Mailing Address 1340 POYDRAS ST
STE 1770

City
NEW ORLEANS

State
LA

Zip Code
70112-5204

Purpose of Disbursement
PAYMENT PROCESSING FEES

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4			0	4			2	0	2	4		

FEC Identification Number

C [Redacted]

Transaction ID : BCBED0BD4!

Amount of Each Disbursement this Period

[Redacted] 5.90

Memo Item

Full Name (Last, First, Middle Initial)

B. ANEDOT

Mailing Address 1340 POYDRAS ST
STE 1770

City
NEW ORLEANS

State
LA

Zip Code
70112-5204

Purpose of Disbursement
PAYMENT PROCESSING FEES

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4			0	8			2	0	2	4		

FEC Identification Number

C [Redacted]

Transaction ID : B8EA4372E6!

Amount of Each Disbursement this Period

[Redacted] 5.20

Memo Item

Full Name (Last, First, Middle Initial)

C. ANEDOT

Mailing Address 1340 POYDRAS ST
STE 1770

City
NEW ORLEANS

State
LA

Zip Code
70112-5204

Purpose of Disbursement
PAYMENT PROCESSING FEES

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4			1	0			2	0	2	4		

FEC Identification Number

C [Redacted]

Transaction ID : B7EA4BA08!

Amount of Each Disbursement this Period

[Redacted] 7.10

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

[Redacted] 18.20

[Redacted]

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

Form for line numbers 21b-30b with checkboxes. 21b is checked.

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NAME OF COMMITTEE (In Full)
THE COMMITTEE TO DEFEAT THE PRESIDENT

Form A: ANEDOT. Includes fields for Full Name, Mailing Address (1340 POYDRAS ST STE 1770), City (NEW ORLEANS), State (LA), Zip Code (70112-5204), Purpose of Disbursement (PAYMENT PROCESSING FEES), Candidate Name, Office Sought, Disbursement For, Date of Disbursement (04/10/2024), FEC Identification Number (C), Transaction ID (B44A6E502A), Amount of Each Disbursement (19.30), and Memo Item checkbox.

Form B: ANEDOT. Includes fields for Full Name, Mailing Address (1340 POYDRAS ST STE 1770), City (NEW ORLEANS), State (LA), Zip Code (70112-5204), Purpose of Disbursement (PAYMENT PROCESSING FEES), Candidate Name, Office Sought, Disbursement For, Date of Disbursement (04/12/2024), FEC Identification Number (C), Transaction ID (BFF5D71E91), Amount of Each Disbursement (14.70), and Memo Item checkbox.

Form C: ANEDOT. Includes fields for Full Name, Mailing Address (1340 POYDRAS ST STE 1770), City (NEW ORLEANS), State (LA), Zip Code (70112-5204), Purpose of Disbursement (PAYMENT PROCESSING FEES), Candidate Name, Office Sought, Disbursement For, Date of Disbursement (04/16/2024), FEC Identification Number (C), Transaction ID (B518A17402), Amount of Each Disbursement (1.40), and Memo Item checkbox.

SUBTOTAL of Disbursements This Page (optional) 35.40
TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
THE COMMITTEE TO DEFEAT THE PRESIDENT

A. ANEDOT

Full Name (Last, First, Middle Initial)

Mailing Address 1340 POYDRAS ST
STE 1770

City NEW ORLEANS State LA Zip Code 70112-5204

Purpose of Disbursement
PAYMENT PROCESSING FEES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 04 / 17 / 2024

FEC Identification Number: C
Transaction ID : B14A3BE8A4

Amount of Each Disbursement this Period: 2.00

Memo Item

B. ANEDOT

Full Name (Last, First, Middle Initial)

Mailing Address 1340 POYDRAS ST
STE 1770

City NEW ORLEANS State LA Zip Code 70112-5204

Purpose of Disbursement
PAYMENT PROCESSING FEES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 04 / 18 / 2024

FEC Identification Number: C
Transaction ID : B3FB6E812D

Amount of Each Disbursement this Period: 9.50

Memo Item

C. ANEDOT

Full Name (Last, First, Middle Initial)

Mailing Address 1340 POYDRAS ST
STE 1770

City NEW ORLEANS State LA Zip Code 70112-5204

Purpose of Disbursement
PAYMENT PROCESSING FEES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 04 / 22 / 2024

FEC Identification Number: C
Transaction ID : B49C665DF6

Amount of Each Disbursement this Period: 8.68

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 20.18

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

THE COMMITTEE TO DEFEAT THE PRESIDENT

Full Name (Last, First, Middle Initial)

A. ANEDOT

Mailing Address 1340 POYDRAS ST
STE 1770

City
NEW ORLEANS

State
LA

Zip Code
70112-5204

Purpose of Disbursement
PAYMENT PROCESSING FEES

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4			2	4			2	0	2	4		

FEC Identification Number

C [Redacted]

Transaction ID : B90D4FEBCF

Amount of Each Disbursement this Period

[Redacted] 1.30

Memo Item

Full Name (Last, First, Middle Initial)

B. ANEDOT

Mailing Address 1340 POYDRAS ST
STE 1770

City
NEW ORLEANS

State
LA

Zip Code
70112-5204

Purpose of Disbursement
PAYMENT PROCESSING FEES

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4			2	4			2	0	2	4		

FEC Identification Number

C [Redacted]

Transaction ID : B40965F9080

Amount of Each Disbursement this Period

[Redacted] 18.30

Memo Item

Full Name (Last, First, Middle Initial)

C. ANEDOT

Mailing Address 1340 POYDRAS ST
STE 1770

City
NEW ORLEANS

State
LA

Zip Code
70112-5204

Purpose of Disbursement
PAYMENT PROCESSING FEES

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4			2	6			2	0	2	4		

FEC Identification Number

C [Redacted]

Transaction ID : BF08EA8A65

Amount of Each Disbursement this Period

[Redacted] 3.50

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

[Redacted] 23.10

[Redacted]

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

Form with checkboxes for line numbers 21b, 22, 23, 24, 25, 26, 27, 28a, 28b, 28c, 29, 30b

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NAME OF COMMITTEE (In Full)
THE COMMITTEE TO DEFEAT THE PRESIDENT

Form A: ANEDOT. Includes fields for Full Name, Mailing Address, City, State, Zip Code, Purpose of Disbursement, Candidate Name, Office Sought, Disbursement For, Date of Disbursement, FEC Identification Number, Transaction ID, Amount of Each Disbursement, and Memo Item.

Form B: ANEDOT. Includes fields for Full Name, Mailing Address, City, State, Zip Code, Purpose of Disbursement, Candidate Name, Office Sought, Disbursement For, Date of Disbursement, FEC Identification Number, Transaction ID, Amount of Each Disbursement, and Memo Item.

Form C: ANEDOT. Includes fields for Full Name, Mailing Address, City, State, Zip Code, Purpose of Disbursement, Candidate Name, Office Sought, Disbursement For, Date of Disbursement, FEC Identification Number, Transaction ID, Amount of Each Disbursement, and Memo Item.

SUBTOTAL of Disbursements This Page (optional)
TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

THE COMMITTEE TO DEFEAT THE PRESIDENT

Full Name (Last, First, Middle Initial)

A. ANEDOT

Mailing Address 1340 POYDRAS ST
STE 1770

City
NEW ORLEANS

State
LA

Zip Code
70112-5204

Purpose of Disbursement
PAYMENT PROCESSING FEES

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	6		2	0	2	4

FEC Identification Number

C [Redacted]

Transaction ID : B53D8225175

Amount of Each Disbursement this Period

[Redacted] 5.90

Memo Item

Full Name (Last, First, Middle Initial)

B. ANEDOT

Mailing Address 1340 POYDRAS ST
STE 1770

City
NEW ORLEANS

State
LA

Zip Code
70112-5204

Purpose of Disbursement
PAYMENT PROCESSING FEES

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	8		2	0	2	4

FEC Identification Number

C [Redacted]

Transaction ID : B0466AB0154

Amount of Each Disbursement this Period

[Redacted] 5.20

Memo Item

Full Name (Last, First, Middle Initial)

C. ANEDOT

Mailing Address 1340 POYDRAS ST
STE 1770

City
NEW ORLEANS

State
LA

Zip Code
70112-5204

Purpose of Disbursement
PAYMENT PROCESSING FEES

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	8		2	0	2	4

FEC Identification Number

C [Redacted]

Transaction ID : BD2799FD5F

Amount of Each Disbursement this Period

[Redacted] 6.60

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

[Redacted] 17.70

[Redacted]

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

THE COMMITTEE TO DEFEAT THE PRESIDENT

Full Name (Last, First, Middle Initial)

A. ANEDOT

Mailing Address 1340 POYDRAS ST
STE 1770

City
NEW ORLEANS

State
LA

Zip Code
70112-5204

Purpose of Disbursement
PAYMENT PROCESSING FEES

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	1		2	0	2	4

FEC Identification Number

C [Redacted]

Transaction ID : B4590ED997

Amount of Each Disbursement this Period

[Redacted] 32.77

Memo Item

Full Name (Last, First, Middle Initial)

B. ANEDOT

Mailing Address 1340 POYDRAS ST
STE 1770

City
NEW ORLEANS

State
LA

Zip Code
70112-5204

Purpose of Disbursement
PAYMENT PROCESSING FEES

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	6		2	0	2	4

FEC Identification Number

C [Redacted]

Transaction ID : B67928F4A2

Amount of Each Disbursement this Period

[Redacted] 2.00

Memo Item

Full Name (Last, First, Middle Initial)

C. ANEDOT

Mailing Address 1340 POYDRAS ST
STE 1770

City
NEW ORLEANS

State
LA

Zip Code
70112-5204

Purpose of Disbursement
PAYMENT PROCESSING FEES

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	0		2	0	2	4

FEC Identification Number

C [Redacted]

Transaction ID : BC7D2AF4C

Amount of Each Disbursement this Period

[Redacted] 9.50

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

[Redacted] 43.77

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

[Redacted]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

THE COMMITTEE TO DEFEAT THE PRESIDENT

Full Name (Last, First, Middle Initial)

A. ANEDOT

Mailing Address 1340 POYDRAS ST
STE 1770

City
NEW ORLEANS

State
LA

Zip Code
70112-5204

Purpose of Disbursement
PAYMENT PROCESSING FEES

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5			2	2			2	0	2	4		

FEC Identification Number

C [Redacted]

Transaction ID : B1C8DB6021

Amount of Each Disbursement this Period

[Redacted] 17.00

Memo Item

Full Name (Last, First, Middle Initial)

B. ANEDOT

Mailing Address 1340 POYDRAS ST
STE 1770

City
NEW ORLEANS

State
LA

Zip Code
70112-5204

Purpose of Disbursement
PAYMENT PROCESSING FEES

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5			2	2			2	0	2	4		

FEC Identification Number

C [Redacted]

Transaction ID : BF72302580C

Amount of Each Disbursement this Period

[Redacted] 8.68

Memo Item

Full Name (Last, First, Middle Initial)

C. ANEDOT

Mailing Address 1340 POYDRAS ST
STE 1770

City
NEW ORLEANS

State
LA

Zip Code
70112-5204

Purpose of Disbursement
PAYMENT PROCESSING FEES

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5			2	9			2	0	2	4		

FEC Identification Number

C [Redacted]

Transaction ID : B1D4ED691C

Amount of Each Disbursement this Period

[Redacted] 3.50

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

[Redacted] 29.18

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

[Redacted]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

THE COMMITTEE TO DEFEAT THE PRESIDENT

Full Name (Last, First, Middle Initial)

A. ANEDOT

Mailing Address 1340 POYDRAS ST
STE 1770

City
NEW ORLEANS

State
LA

Zip Code
70112-5204

Purpose of Disbursement
PAYMENT PROCESSING FEES

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5			3	0			2	0	2	4		

FEC Identification Number

C [Redacted]

Transaction ID : B8EACEA23C

Amount of Each Disbursement this Period

[Redacted] 12.10

Memo Item

Full Name (Last, First, Middle Initial)

B. ANEDOT

Mailing Address 1340 POYDRAS ST
STE 1770

City
NEW ORLEANS

State
LA

Zip Code
70112-5204

Purpose of Disbursement
PAYMENT PROCESSING FEES

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5			3	0			2	0	2	4		

FEC Identification Number

C [Redacted]

Transaction ID : B2E891795DE

Amount of Each Disbursement this Period

[Redacted] 26.20

Memo Item

Full Name (Last, First, Middle Initial)

C. ANEDOT

Mailing Address 1340 POYDRAS ST
STE 1770

City
NEW ORLEANS

State
LA

Zip Code
70112-5204

Purpose of Disbursement
PAYMENT PROCESSING FEES

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			0	3			2	0	2	4		

FEC Identification Number

C [Redacted]

Transaction ID : B35D9DB241

Amount of Each Disbursement this Period

[Redacted] 6.10

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

[Redacted] 44.40

[Redacted]

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

THE COMMITTEE TO DEFEAT THE PRESIDENT

Full Name (Last, First, Middle Initial)

A. ANEDOT

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	5		2	0	2	4

Mailing Address 1340 POYDRAS ST
STE 1770

City
NEW ORLEANS

State
LA

Zip Code
70112-5204

Purpose of Disbursement
PAYMENT PROCESSING FEES

Candidate Name

Category/
Type

FEC Identification Number

C

Transaction ID : B2D3383CD0

Amount of Each Disbursement this Period

5.60

Memo Item

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

B. ANEDOT

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	5		2	0	2	4

Mailing Address 1340 POYDRAS ST
STE 1770

City
NEW ORLEANS

State
LA

Zip Code
70112-5204

Purpose of Disbursement
PAYMENT PROCESSING FEES

Candidate Name

Category/
Type

FEC Identification Number

C

Transaction ID : B92FB113DE

Amount of Each Disbursement this Period

1.80

Memo Item

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C. ANEDOT

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	7		2	0	2	4

Mailing Address 1340 POYDRAS ST
STE 1770

City
NEW ORLEANS

State
LA

Zip Code
70112-5204

Purpose of Disbursement
PAYMENT PROCESSING FEES

Candidate Name

Category/
Type

FEC Identification Number

C

Transaction ID : BAF4F51D6F

Amount of Each Disbursement this Period

3.70

Memo Item

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

11.10

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

THE COMMITTEE TO DEFEAT THE PRESIDENT

Full Name (Last, First, Middle Initial)

A. ANEDOT

Mailing Address 1340 POYDRAS ST
STE 1770

City
NEW ORLEANS

State
LA

Zip Code
70112-5204

Purpose of Disbursement
PAYMENT PROCESSING FEES

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	1		2	0	2	4

FEC Identification Number

C [Redacted]

Transaction ID : **BD5F315C6A**

Amount of Each Disbursement this Period

[Redacted] 6.60

Memo Item

Full Name (Last, First, Middle Initial)

B. ANEDOT

Mailing Address 1340 POYDRAS ST
STE 1770

City
NEW ORLEANS

State
LA

Zip Code
70112-5204

Purpose of Disbursement
PAYMENT PROCESSING FEES

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	2		2	0	2	4

FEC Identification Number

C [Redacted]

Transaction ID : **B80A4FE62B**

Amount of Each Disbursement this Period

[Redacted] 27.80

Memo Item

Full Name (Last, First, Middle Initial)

C. ANEDOT

Mailing Address 1340 POYDRAS ST
STE 1770

City
NEW ORLEANS

State
LA

Zip Code
70112-5204

Purpose of Disbursement
PAYMENT PROCESSING FEES

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	3		2	0	2	4

FEC Identification Number

C [Redacted]

Transaction ID : **BADEF1932A**

Amount of Each Disbursement this Period

[Redacted] 2.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

[Redacted] 36.40

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

[Redacted]

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

THE COMMITTEE TO DEFEAT THE PRESIDENT

Full Name (Last, First, Middle Initial)

A. ANEDOT

Mailing Address 1340 POYDRAS ST
STE 1770

City
NEW ORLEANS

State
LA

Zip Code
70112-5204

Purpose of Disbursement
PAYMENT PROCESSING FEES

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			1	7			2	0	2	4		

FEC Identification Number

C

Transaction ID : B0F3864533F

Amount of Each Disbursement this Period

0.70

Memo Item

Full Name (Last, First, Middle Initial)

B. ANEDOT

Mailing Address 1340 POYDRAS ST
STE 1770

City
NEW ORLEANS

State
LA

Zip Code
70112-5204

Purpose of Disbursement
PAYMENT PROCESSING FEES

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			2	0			2	0	2	4		

FEC Identification Number

C

Transaction ID : B246A5DE7D

Amount of Each Disbursement this Period

4.60

Memo Item

Full Name (Last, First, Middle Initial)

C. ANEDOT

Mailing Address 1340 POYDRAS ST
STE 1770

City
NEW ORLEANS

State
LA

Zip Code
70112-5204

Purpose of Disbursement
PAYMENT PROCESSING FEES

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			2	0			2	0	2	4		

FEC Identification Number

C

Transaction ID : B990A08A84

Amount of Each Disbursement this Period

8.80

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

14.10

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

THE COMMITTEE TO DEFEAT THE PRESIDENT

Full Name (Last, First, Middle Initial)

A. ANEDOT

Mailing Address 1340 POYDRAS ST
STE 1770

City
NEW ORLEANS

State
LA

Zip Code
70112-5204

Purpose of Disbursement
PAYMENT PROCESSING FEES

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			2	4			2	0	2	4		

FEC Identification Number

C

Transaction ID : BE9397A2B3

Amount of Each Disbursement this Period

21.08

Memo Item

Full Name (Last, First, Middle Initial)

B. ANEDOT

Mailing Address 1340 POYDRAS ST
STE 1770

City
NEW ORLEANS

State
LA

Zip Code
70112-5204

Purpose of Disbursement
PAYMENT PROCESSING FEES

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			2	5			2	0	2	4		

FEC Identification Number

C

Transaction ID : B1CE6F6AF1

Amount of Each Disbursement this Period

1.40

Memo Item

Full Name (Last, First, Middle Initial)

C. ANEDOT

Mailing Address 1340 POYDRAS ST
STE 1770

City
NEW ORLEANS

State
LA

Zip Code
70112-5204

Purpose of Disbursement
PAYMENT PROCESSING FEES

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			2	5			2	0	2	4		

FEC Identification Number

C

Transaction ID : B3CEC260B1

Amount of Each Disbursement this Period

1.40

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

23.88

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

THE COMMITTEE TO DEFEAT THE PRESIDENT

Full Name (Last, First, Middle Initial)

A. ANEDOT

Mailing Address 1340 POYDRAS ST
STE 1770

City
NEW ORLEANS

State
LA

Zip Code
70112-5204

Purpose of Disbursement
PAYMENT PROCESSING FEES

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	7		2	0	2	4

FEC Identification Number

C [Redacted]

Transaction ID : BA207A39BF

Amount of Each Disbursement this Period

[Redacted] 7.40

Memo Item

Full Name (Last, First, Middle Initial)

B. ANEDOT

Mailing Address 1340 POYDRAS ST
STE 1770

City
NEW ORLEANS

State
LA

Zip Code
70112-5204

Purpose of Disbursement
PAYMENT PROCESSING FEES

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	2	4

FEC Identification Number

C [Redacted]

Transaction ID : BAA092C447!

Amount of Each Disbursement this Period

[Redacted] 15.20

Memo Item

Full Name (Last, First, Middle Initial)

C. ANEDOT

Mailing Address 1340 POYDRAS ST
STE 1770

City
NEW ORLEANS

State
LA

Zip Code
70112-5204

Purpose of Disbursement
PAYMENT PROCESSING FEES

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	2	4

FEC Identification Number

C [Redacted]

Transaction ID : BFCF035894

Amount of Each Disbursement this Period

[Redacted] 22.30

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

[Redacted] 44.90

[Redacted]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

THE COMMITTEE TO DEFEAT THE PRESIDENT

Full Name (Last, First, Middle Initial)

A. CAMPAIGN SOLUTIONS

Mailing Address 117 N SAINT ASAPH ST.

City
ALEXANDRIA

State
VA

Zip Code
22314

Purpose of Disbursement
DIGITAL MANAGEMENT

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	7		2	0	2	4

FEC Identification Number

C [REDACTED]

Transaction ID : BEF1C8D15D

Amount of Each Disbursement this Period

[REDACTED] 484.73

Memo Item

Full Name (Last, First, Middle Initial)

B. CAMPAIGN SOLUTIONS

Mailing Address 117 N SAINT ASAPH ST.

City
ALEXANDRIA

State
VA

Zip Code
22314

Purpose of Disbursement
DIGITAL MANAGEMENT

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	4		2	0	2	4

FEC Identification Number

C [REDACTED]

Transaction ID : B9DEBFBBF:

Amount of Each Disbursement this Period

[REDACTED] 393.34

Memo Item

Full Name (Last, First, Middle Initial)

C. CAMPAIGN SOLUTIONS

Mailing Address 117 N SAINT ASAPH ST.

City
ALEXANDRIA

State
VA

Zip Code
22314

Purpose of Disbursement
DIGITAL MANAGEMENT

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	2	4

FEC Identification Number

C [REDACTED]

Transaction ID : B1ABBECC8

Amount of Each Disbursement this Period

[REDACTED] 220.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

[REDACTED] 1098.07

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

[REDACTED]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

THE COMMITTEE TO DEFEAT THE PRESIDENT

Full Name (Last, First, Middle Initial)

A. CAMPAIGN SOLUTIONS

Mailing Address 117 N SAINT ASAPH ST.

City
ALEXANDRIA

State
VA

Zip Code
22314

Purpose of Disbursement
DIGITAL MANAGEMENT

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	5		2	0	2	4

FEC Identification Number

C [REDACTED]

Transaction ID : B680E833B0

Amount of Each Disbursement this Period

[REDACTED] 267.60

Memo Item

Full Name (Last, First, Middle Initial)

B. CAMPAIGN SOLUTIONS

Mailing Address 117 N SAINT ASAPH ST.

City
ALEXANDRIA

State
VA

Zip Code
22314

Purpose of Disbursement
DIGITAL MANAGEMENT

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	5		2	0	2	4

FEC Identification Number

C [REDACTED]

Transaction ID : BEF73F7DFB

Amount of Each Disbursement this Period

[REDACTED] 258.67

Memo Item

Full Name (Last, First, Middle Initial)

C. CAMPAIGN SOLUTIONS

Mailing Address 117 N SAINT ASAPH ST.

City
ALEXANDRIA

State
VA

Zip Code
22314

Purpose of Disbursement
DIGITAL MANAGEMENT

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	9		2	0	2	4

FEC Identification Number

C [REDACTED]

Transaction ID : B7A7DD58D

Amount of Each Disbursement this Period

[REDACTED] 485.60

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

[REDACTED] 1011.87

[REDACTED]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

THE COMMITTEE TO DEFEAT THE PRESIDENT

Full Name (Last, First, Middle Initial)

A. CAMPAIGN SOLUTIONS

Mailing Address 117 N SAINT ASAPH ST.

City
ALEXANDRIA

State
VA

Zip Code
22314

Purpose of Disbursement
DIGITAL MANAGEMENT

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	6		2	0	2	4

FEC Identification Number

C [REDACTED]

Transaction ID : B1171611534

Amount of Each Disbursement this Period

[REDACTED] 246.62

Memo Item

Full Name (Last, First, Middle Initial)

B. CAMPAIGN SOLUTIONS

Mailing Address 117 N SAINT ASAPH ST.

City
ALEXANDRIA

State
VA

Zip Code
22314

Purpose of Disbursement
DIGITAL MANAGEMENT

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		3	1		2	0	2	4

FEC Identification Number

C [REDACTED]

Transaction ID : B2DD5E4EC8

Amount of Each Disbursement this Period

[REDACTED] 312.37

Memo Item

Full Name (Last, First, Middle Initial)

C. CAMPAIGN SOLUTIONS

Mailing Address 117 N SAINT ASAPH ST.

City
ALEXANDRIA

State
VA

Zip Code
22314

Purpose of Disbursement
DIGITAL MANAGEMENT

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		3	1		2	0	2	4

FEC Identification Number

C [REDACTED]

Transaction ID : B376F7014F

Amount of Each Disbursement this Period

[REDACTED] 165.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

[REDACTED] 723.99

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

[REDACTED]

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

Form for line numbers 21b-30b with checkboxes. 21b is checked.

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NAME OF COMMITTEE (In Full)
THE COMMITTEE TO DEFEAT THE PRESIDENT

Form A: CAMPAIGN SOLUTIONS. Includes fields for Full Name, Mailing Address, City, State, Zip Code, Purpose of Disbursement, Candidate Name, Office Sought, Disbursement For, Date of Disbursement, FEC Identification Number, Transaction ID, Amount of Each Disbursement, and Memo Item.

Form B: CAMPAIGN SOLUTIONS. Includes fields for Full Name, Mailing Address, City, State, Zip Code, Purpose of Disbursement, Candidate Name, Office Sought, Disbursement For, Date of Disbursement, FEC Identification Number, Transaction ID, Amount of Each Disbursement, and Memo Item.

Form C: CAMPAIGN SOLUTIONS. Includes fields for Full Name, Mailing Address, City, State, Zip Code, Purpose of Disbursement, Candidate Name, Office Sought, Disbursement For, Date of Disbursement, FEC Identification Number, Transaction ID, Amount of Each Disbursement, and Memo Item.

SUBTOTAL of Disbursements This Page (optional) and TOTAL This Period (last page this line number only).

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

THE COMMITTEE TO DEFEAT THE PRESIDENT

Full Name (Last, First, Middle Initial)

A. CAMPAIGN SOLUTIONS

Mailing Address 117 N SAINT ASAPH ST.

City
ALEXANDRIA

State
VA

Zip Code
22314

Purpose of Disbursement
DIGITAL MANAGEMENT

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	6		2	0	2	4

FEC Identification Number

C [REDACTED]

Transaction ID : B8753E3A801

Amount of Each Disbursement this Period

[REDACTED] 89.45

Memo Item

Full Name (Last, First, Middle Initial)

B. CAMPAIGN SOLUTIONS

Mailing Address 117 N SAINT ASAPH ST.

City
ALEXANDRIA

State
VA

Zip Code
22314

Purpose of Disbursement
DIGITAL MANAGEMENT

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	3		2	0	2	4

FEC Identification Number

C [REDACTED]

Transaction ID : BB903517D1f

Amount of Each Disbursement this Period

[REDACTED] 250.04

Memo Item

Full Name (Last, First, Middle Initial)

C. CAMPAIGN SOLUTIONS

Mailing Address 117 N SAINT ASAPH ST.

City
ALEXANDRIA

State
VA

Zip Code
22314

Purpose of Disbursement
DIGITAL MANAGEMENT

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	2	4

FEC Identification Number

C [REDACTED]

Transaction ID : B387B5F728

Amount of Each Disbursement this Period

[REDACTED] 107.30

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

[REDACTED] 446.79

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

[REDACTED]

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

THE COMMITTEE TO DEFEAT THE PRESIDENT

Full Name (Last, First, Middle Initial)

A. CAMPAIGN SOLUTIONS

Mailing Address 117 N SAINT ASAPH ST.

City
ALEXANDRIA

State
VA

Zip Code
22314

Purpose of Disbursement
DIGITAL MANAGEMENT

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	2	4

FEC Identification Number

C [REDACTED]

Transaction ID : B1FB5D9CB1

Amount of Each Disbursement this Period

[REDACTED] 346.92

Memo Item

Full Name (Last, First, Middle Initial)

B. EDONATION

Mailing Address 117 NORTH SAINT ASAPH ST

City
ALEXANDRIA

State
VA

Zip Code
22314

Purpose of Disbursement
PAYMENT PROCESSING FEES

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	5		2	0	2	4

FEC Identification Number

C [REDACTED]

Transaction ID : BC2E21DBF0

Amount of Each Disbursement this Period

[REDACTED] 234.94

Memo Item

Full Name (Last, First, Middle Initial)

C. EDONATION

Mailing Address 117 NORTH SAINT ASAPH ST

City
ALEXANDRIA

State
VA

Zip Code
22314

Purpose of Disbursement
PAYMENT PROCESSING FEES

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		3	1		2	0	2	4

FEC Identification Number

C [REDACTED]

Transaction ID : B0E6129044

Amount of Each Disbursement this Period

[REDACTED] 129.20

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

[REDACTED] 711.06

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

[REDACTED]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

THE COMMITTEE TO DEFEAT THE PRESIDENT

Full Name (Last, First, Middle Initial)

A. EDONATION

Mailing Address 117 NORTH SAINT ASAPH ST

City
ALEXANDRIA

State
VA

Zip Code
22314

Purpose of Disbursement
PAYMENT PROCESSING FEES

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	6		2	0	2	4

FEC Identification Number

C [REDACTED]

Transaction ID : BB8C9B2660

Amount of Each Disbursement this Period

[REDACTED] 96.96

Memo Item

Full Name (Last, First, Middle Initial)

B. EDONATION

Mailing Address 117 NORTH SAINT ASAPH ST

City
ALEXANDRIA

State
VA

Zip Code
22314

Purpose of Disbursement
PAYMENT PROCESSING FEES

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	2	4

FEC Identification Number

C [REDACTED]

Transaction ID : B0A9E4EB60

Amount of Each Disbursement this Period

[REDACTED] 64.78

Memo Item

Full Name (Last, First, Middle Initial)

C. PAC MANAGEMENT SERVICES

Mailing Address 441 N LEE ST
STE 100

City
ALEXANDRIA

State
VA

Zip Code
22314-2301

Purpose of Disbursement
COMPLIANCE & ADMIN SERVICES

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	0		2	0	2	4

FEC Identification Number

C [REDACTED]

Transaction ID : B0744C45151

Amount of Each Disbursement this Period

[REDACTED] 307.50

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

[REDACTED] 469.24

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

[REDACTED]

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

THE COMMITTEE TO DEFEAT THE PRESIDENT

Full Name (Last, First, Middle Initial)

A. PAC MANAGEMENT SERVICES

Mailing Address 441 N LEE ST
STE 100

City
ALEXANDRIA

State
VA

Zip Code
22314-2301

Purpose of Disbursement
COMPLIANCE & ADMIN SERVICES

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5			0	7			2	0	2	4		

FEC Identification Number

C

Transaction ID : B631418F488

Amount of Each Disbursement this Period

418.75

Memo Item

Full Name (Last, First, Middle Initial)

B. PAC MANAGEMENT SERVICES

Mailing Address 441 N LEE ST
STE 100

City
ALEXANDRIA

State
VA

Zip Code
22314-2301

Purpose of Disbursement
COMPLIANCE SERVICES

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5			1	7			2	0	2	4		

FEC Identification Number

C

Transaction ID : B17575B76C5

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. PAC MANAGEMENT SERVICES

Mailing Address 441 N LEE ST
STE 100

City
ALEXANDRIA

State
VA

Zip Code
22314-2301

Purpose of Disbursement
COMPLIANCE SERVICES

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			0	7			2	0	2	4		

FEC Identification Number

C

Transaction ID : B48E026BCE

Amount of Each Disbursement this Period

262.50

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

1681.25

7730.98

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) THE COMMITTEE TO DEFEAT THE PRESIDENT
FEC IDENTIFICATION NUMBER C C00544767

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee DIRECT RESPONSE, LLC
Mailing Address 16845 N 29TH AVE STE 1550
City PHOENIX State AZ Zip Code 85053-0418
Purpose of Expenditure SEE PMT FOR EST. FROM 9/29/2023.PHONE VOTER CONTACT; SEE EST. TRANS ID #:...443EBFF
Name of Federal Candidate: TRUMP, DONALD, J., , Support
Office Sought: President
Disbursement For: General 2024
Amount 4444.65
Transaction ID : EDC80EDBF69764473A67
Date of Disbursement or Obligation 04 / 26 / 2024

Full Name of Payee DIRECT RESPONSE, LLC
Mailing Address 16845 N 29TH AVE STE 1550
City PHOENIX State AZ Zip Code 85053-0418
Purpose of Expenditure SEE PMT FOR EST. FROM 9/29/2023.PHONE VOTER CONTACT; SEE EST. TRANS ID #:...443EBFF
Name of Federal Candidate: TRUMP, DONALD, J., , Support
Office Sought: President
Disbursement For: General 2024
Amount 1000.00
Transaction ID : ED99630EEFE504BF0BCC
Date of Disbursement or Obligation 05 / 17 / 2024

Table with 2 columns: Description and Amount. (a) SUBTOTAL of Itemized Independent Expenditures 5444.65, (b) SUBTOTAL of Unitemized Independent Expenditures, (c) TOTAL Independent Expenditures 5444.65

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

HARVEY, TED, , Signature Date 09 / 03 / 2024