24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule F)

Schedule E)		PAGE 1 OF 1 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		
The Committee To Defend The President		C C00544767
Check if 24-hour report		
Full Name of Payee CONNELL DONATELLI, INC.		Date of Public Distribution/Dissemination
SEE ESTIMATE TRANSACTION ID# SE24.153254		09 16 2019
Mailing Address 117 N SAINT ASAPH ST.		Amount
City State	Zip Code	25000.00
ALEXANDRIA VA	22314	Transaction ID: SE24.153269 Date of Disbursement or Obligation
Purpose of Expenditure ONLINE VOTER CONTACT	Category/ Type	09 / 16 / 2019
Name of Federal Candidate	x Support	Office Sought: House District:
TRUMP, DONALD, J., ,	Oppose	resident Senate State:
Calendar Year-To-Date Per Election for Office Sought	2531076.95	Disbursement For: Primary General 2020 Gther (specify) ▶
Full Name of Payee		Date of Public Distribution/Dissemination
		M = M / D = D / Y = Y = Y
Mailing Address		Amount
		/ unduit
City State	Zip Code	
2 (5)	1	Date of Disbursement or Obligation
Purpose of Expenditure	Category/ Type	M = M / D = D / Y = Y = Y
Name of Federal Candidate	Support	Office Sought: House District:
	Oppose	President Senate State:
Calendar Year-To-Date Per Election for Office Sought		Disbursement For:
	ı	
(a) SUBTOTAL of Itemized Independent Expenditures		25000.00
(b) SUBTOTAL of Unitemized Independent Expenditures		>
(c) TOTAL Independent Expenditures		25000.00
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.		
	nically Filed] Date	09 16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature		