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

Schedule E)		PAGE 1 OF 4 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
The Committee To Defend The President		C C00544767
		0
Check if 24-hour report		
Full Name of Payee CAMPAIGN HQ		Date of Public Distribution/Dissemination
		05 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address PO BOX 257		Amount
City State	Zip Code	12723.45
BROOKLYN	52211	Transaction ID : SE24.100927 Date of Disbursement or Obligation
Purpose of Expenditure PHONE VOTER CONTACT	Category/ Type	05 / 05 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	✗ Support	Office Sought: House District:
TRUMP, DONALD, J, ,	Oppose	🗶 President Senate State:
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: Primary General Other (specify) ☐ Other
Full Name of Payee		Date of Public Distribution/Dissemination
CAMPAIGN HQ		05 08 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address PO BOX 257		Amount
City State	Zip Code	50000.00
BROOKLYN IA	52211	Transaction ID : SE24.100928 Date of Disbursement or Obligation
Purpose of Expenditure PHONE VOTER CONTACT	Category/ Type	05 / 09 / 2017
Name of Federal Candidate	✗ Support	Office Sought: House District:
TRUMP, DONALD, J, ,	Oppose	🗶 President Senate State:
Calendar Year-To-Date Per Election for Office Sought		Disbursement For:
•		
(a) SUBTOTAL of Itemized Independent Expenditures		62723.45
(b) SUBTOTAL of Unitemized Independent Expenditures		•
(c) TOTAL Independent Expenditures		•
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.		
	ically Filed] Date	07 25 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature		