

**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.

12FE4M5

The Committee To Defend The President

ADDRESS (number and street)

441 North Lee Street

Ste 205

Check if different
than previously
reported. (ACC)

Alexandria

VA

22314

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00544767

3. IS THIS
REPORTNEW
(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:☒ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y
01 01 2020

through

M M M / D D D / Y Y Y Y Y Y
01 31 2020

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

Backer, Dan, , ,

Type or Print Name of Treasurer

Signature of Treasurer

Backer, Dan, , ,

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
02 19 2020

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**FEC FORM 3X**
Rev. 05/2016

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

The Committee To Defend The President

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y
01		01		2020

To:

M M	/	D D	/	Y Y Y Y
01		31		2020

	COLUMN A This Period	COLUMN B Calendar Year-to-Date												
6. (a) Cash on Hand January 1, <table><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td colspan="4">2020</td></tr></table>	Y	Y	Y	Y	2020					<table><tr><td colspan="4">1985669.23</td></tr></table>	1985669.23			
Y	Y	Y	Y											
2020														
1985669.23														
(b) Cash on Hand at Beginning of Reporting Period.....	<table><tr><td colspan="4">1985669.23</td></tr></table>	1985669.23												
1985669.23														
(c) Total Receipts (from Line 19)	<table><tr><td colspan="4">939805.23</td></tr></table>	939805.23				<table><tr><td colspan="4">939805.23</td></tr></table>	939805.23							
939805.23														
939805.23														
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<table><tr><td colspan="4">2925474.46</td></tr></table>	2925474.46				<table><tr><td colspan="4">2925474.46</td></tr></table>	2925474.46							
2925474.46														
2925474.46														
7. Total Disbursements (from Line 31).....	<table><tr><td colspan="4">806472.91</td></tr></table>	806472.91				<table><tr><td colspan="4">806472.91</td></tr></table>	806472.91							
806472.91														
806472.91														
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	<table><tr><td colspan="4">2119001.55</td></tr></table>	2119001.55				<table><tr><td colspan="4">2119001.55</td></tr></table>	2119001.55							
2119001.55														
2119001.55														
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<table><tr><td colspan="4">0.00</td></tr></table>	0.00												
0.00														
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<table><tr><td colspan="4">0.00</td></tr></table>	0.00												
0.00														



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

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

The Committee To Defend The President

Report Covering the Period:

From:

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

To:

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

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).....	109819.95	109819.95
(ii) Unitemized	815989.23	815989.23
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	925809.18	925809.18
(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)	925809.18	925809.18
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).....	13586.05	13586.05
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	410.00	410.00
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))	939805.23	939805.23
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	939805.23	939805.23

DETAILED SUMMARY PAGE of Disbursements

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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	101218.19	101218.19
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	101218.19	101218.19
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	4500.00	4500.00
24. Independent Expenditures (use Schedule E)	694355.79	694355.79
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	5056.00	5056.00
(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)).....	5056.00	5056.00
29. Other Disbursements (Including Non-Federal Donations).....	1342.93	1342.93
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)) ..	806472.91	806472.91
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	806472.91	806472.91

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)	925809.18	925809.18
34. Total Contribution Refunds (from Line 28(d))	5056.00	5056.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	920753.18	920753.18
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	101218.19	101218.19
37. Offsets to Operating Expenditures (from Line 15, page 3).....	13586.05	13586.05
38. Net Operating Expenditures (subtract Line 37 from Line 36)▶	87632.14	87632.14

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

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

FOR LINE NUMBER: PAGE 6 OF 237

(check only one)

☒ 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 Defend The President

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

A. ADAMS, WANDA, , ,

Mailing Address P.O. BOX 1167

City
SAN CARLOS

State
CA

Zip Code
94070-1167

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
PENINSULA PET RESORT INC

Occupation (for Individual)
OWNER

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
01 / 03 / 2020

Transaction ID : SA11A.1892916

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

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

B. ADAMS, WANDA, , ,

Mailing Address P.O. BOX 1167

City
SAN CARLOS

State
CA

Zip Code
94070-1167

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
PENINSULA PET RESORT INC

Occupation (for Individual)
OWNER

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
01 / 24 / 2020

Transaction ID : SA11A.1908299

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

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

C. ADAMS, WANDA, , ,

Mailing Address P.O. BOX 1167

City
SAN CARLOS

State
CA

Zip Code
94070-1167

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
PENINSULA PET RESORT INC

Occupation (for Individual)
OWNER

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
01 / 31 / 2020

Transaction ID : SA11A.1909002

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

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: PAGE 7 OF 237

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Committee To Defend The President

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

A. ADAMS, WANDA, , ,

Mailing Address P.O. BOX 1167

City
SAN CARLOS

State
CA

Zip Code
94070-1167

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
PENINSULA PET RESORT INC

Occupation (for Individual)
OWNER

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
01 / 30 / 2020

Transaction ID : SA11A.1909003

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

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

B. AHLBUM, JONATHAN, , ,

Mailing Address 660 NW 49TH AVE
209

City
COCONUT CREEK

State
FL

Zip Code
33063-4629

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
THE AHLBUM INSURANCE GROUP

Occupation (for Individual)
OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 05 / 2020

Transaction ID : SA11A.1895657

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

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

C. AHLBUM, JONATHAN, , ,

Mailing Address 660 NW 49TH AVE
209

City
COCONUT CREEK

State
FL

Zip Code
33063-4629

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
THE AHLBUM INSURANCE GROUP

Occupation (for Individual)
OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 16 / 2020

Transaction ID : SA11A.1904136

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

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 8 OF 237

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Committee To Defend The President

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

A. AHLBUM, JONATHAN, , ,

 Mailing Address 660 NW 49TH AVE
 209

 City
 COCONUT CREEK

 State
 FL

 Zip Code
 33063-4629

 FEC ID number of contributing
 federal political committee.

C

 Name of Employer (for Individual)
 THE AHLBUM INSURANCE GROUP

 Occupation (for Individual)
 OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

 M M M / D D D / Y Y Y Y Y Y
 01 / 29 / 2020

Transaction ID : SA11A.1916602

Amount of Each Receipt this Period

25.00

☐ Memo Item
 CONTRIBUTION

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

B. AHLBUM, JONATHAN, , ,

 Mailing Address 660 NW 49TH AVE
 209

 City
 COCONUT CREEK

 State
 FL

 Zip Code
 33063-4629

 FEC ID number of contributing
 federal political committee.

C

 Name of Employer (for Individual)
 THE AHLBUM INSURANCE GROUP

 Occupation (for Individual)
 OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

 M M M / D D D / Y Y Y Y Y Y
 01 / 29 / 2020

Transaction ID : SA11A.1916603

Amount of Each Receipt this Period

50.00

☐ Memo Item
 CONTRIBUTION

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

C. AIKIN, PATRICIA, , ,

Mailing Address 11545 N. PA BE SHAN TRAIL

 City
 CHARLEVOIX

 State
 MI

 Zip Code
 49720-2113

 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

 M M M / D D D / Y Y Y Y Y Y
 01 / 07 / 2020

Transaction ID : SA11A.1895718

Amount of Each Receipt this Period

50.00

☐ Memo Item
 CONTRIBUTION

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 9 OF 237

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Committee To Defend The President

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

A. AIKIN, PATRICIA, , ,

Mailing Address 11545 N. PA BE SHAN TRAIL

City
CHARLEVOIXState
MIZip Code
49720-2113FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
01 / 24 / 2020

Transaction ID : SA11A.1904208

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

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

B. AIKIN, PATRICIA, , ,

Mailing Address 11545 N. PA BE SHAN TRAIL

City
CHARLEVOIXState
MIZip Code
49720-2113FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
01 / 31 / 2020

Transaction ID : SA11A.1909029

Amount of Each Receipt this Period

75.00

☐ Memo Item
CONTRIBUTION

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

C. ALBERTSON, ROSALIE, , ,

Mailing Address 6242 EAST THUNDERHEAD DRIVE

City
NORTH PLATTEState
NEZip Code
69101-9543FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
GREAT PLAINS HEALTHOccupation (for Individual)
R.N.

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
01 / 14 / 2020

Transaction ID : SA11A.1900961

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

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

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

225.00

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

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

FOR LINE NUMBER: PAGE 10 OF 237

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Committee To Defend The President

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

A. ALBERTSON, ROSALIE, , ,

Mailing Address 6242 EAST THUNDERHEAD DRIVE

City
NORTH PLATTE

State
NE

Zip Code
69101-9543

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
GREAT PLAINS HEALTH

Occupation (for Individual)
R.N.

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
01 / 24 / 2020

Transaction ID : SA11A.1904212

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

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

B. ALBERTSON, ROSALIE, , ,

Mailing Address 6242 EAST THUNDERHEAD DRIVE

City
NORTH PLATTE

State
NE

Zip Code
69101-9543

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
GREAT PLAINS HEALTH

Occupation (for Individual)
R.N.

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
01 / 23 / 2020

Transaction ID : SA11A.1904213

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

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

C. ALBERTSON, ROSALIE, , ,

Mailing Address 6242 EAST THUNDERHEAD DRIVE

City
NORTH PLATTE

State
NE

Zip Code
69101-9543

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
GREAT PLAINS HEALTH

Occupation (for Individual)
R.N.

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
01 / 31 / 2020

Transaction ID : SA11A.1909034

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

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 11 OF 237

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Committee To Defend The President

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

A. ALICEA, LAURA, , ,

Mailing Address 8219 BRISBANE

City
CONVERSEState
TXZip Code
78109-3225FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
US ARMY, CIVIL SERVICEOccupation (for Individual)
FACILITY MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 24 / 2020

Transaction ID : SA11A.1888523

Amount of Each Receipt this Period

150.00

☐ Memo Item
CONTRIBUTION

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

B. ALICEA, LAURA, , ,

Mailing Address 8219 BRISBANE

City
CONVERSEState
TXZip Code
78109-3225FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
US ARMY, CIVIL SERVICEOccupation (for Individual)
FACILITY MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 12 / 2020

Transaction ID : SA11A.1895731

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

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

C. ALICEA, LAURA, , ,

Mailing Address 8219 BRISBANE

City
CONVERSEState
TXZip Code
78109-3225FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
US ARMY, CIVIL SERVICEOccupation (for Individual)
FACILITY MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 06 / 2020

Transaction ID : SA11A.1895732

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

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

225.00

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 12 OF 237

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Committee To Defend The President

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

A. AMSBAUGH, TED, E., MR,

Mailing Address 2204 AVALON RD

City
BILLINGSState
MTZip Code
59102-1196FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (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
01 / 24 / 2020

Transaction ID : SA11A.1888092

Amount of Each Receipt this Period

250.00

☐ Memo Item
CONTRIBUTION

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

B. ANDERSON, BRADLEY, , ,

Mailing Address 5405 CYPRESS CENTER DR.

City
TAMPAState
FLZip Code
33609-1052FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
FAMROccupation (for Individual)
BUSINESS OWNER

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
01 / 09 / 2020

Transaction ID : SA11A.1895763

Amount of Each Receipt this Period

250.00

☐ Memo Item
CONTRIBUTION

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

C. ANDERSON, TOM, , ,

Mailing Address 3352 HICKMAN LANE

City
COLUMBIAState
TNZip Code
38401-8544FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
AMERICAN GEOTHERMALOccupation (for Individual)
CEO

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
01 / 11 / 2020

Transaction ID : SA11A.1895755

Amount of Each Receipt this Period

250.00

☐ Memo Item
CONTRIBUTION

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

750.00

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 237

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Committee To Defend The President

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

A. ASHCROFT, KAREN, , ,

Mailing Address 8914 E SUN LAKES BLVD S

City
SUN LAKESState
AZZip Code
85248-6941FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (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
01 / 15 / 2020

Transaction ID : SA11A.1886649

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

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

B. ASHCROFT, KAREN, , ,

Mailing Address 8914 E SUN LAKES BLVD S

City
SUN LAKESState
AZZip Code
85248-6941FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (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
01 / 23 / 2020

Transaction ID : SA11A.1887899

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

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

C. ASHCROFT, KAREN, , ,

Mailing Address 8914 E SUN LAKES BLVD S

City
SUN LAKESState
AZZip Code
85248-6941FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (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
01 / 29 / 2020

Transaction ID : SA11A.1889129

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

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)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Committee To Defend The President

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

A. AYLESWORTH, JACKIE, SUE, ,

Mailing Address 2225 COUNTY ROAD 65

City
PLAINVIEW

State
TX

Zip Code
79072-0043

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
01 / 15 / 2020

Transaction ID : SA11A.1886716

Amount of Each Receipt this Period

300.00

☐ Memo Item
CONTRIBUTION

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

B. BARKER, VALERIE, J., ,

Mailing Address 13771 N. FOUNTAIN HILLS BLVD.
114-310

City
ALBUQUERQUE

State
AZ

Zip Code
85268-3762

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
01 / 14 / 2020

Transaction ID : SA11A.1901090

Amount of Each Receipt this Period

250.00

☐ Memo Item
CONTRIBUTION

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

C. BARRACK, EVELYN, IRENE, ,

Mailing Address 781 WEED ST.

City
NEW CANAAN

State
CT

Zip Code
06840-4019

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 ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 18 / 2020

Transaction ID : SA11A.1901101

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

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

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

650.00

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

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

FOR LINE NUMBER: PAGE 15 OF 237

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Committee To Defend The President

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

A. BARRACK, EVELYN, IRENE, ,

Mailing Address 781 WEED ST.

City
NEW CANAAN

State
CT

Zip Code
06840-4019

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 ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y Y
01 / 29 / 2020

Transaction ID : SA11A.1909238

Amount of Each Receipt this Period

35.00

☐ Memo Item
CONTRIBUTION

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

B. BARRACK, EVELYN, IRENE, ,

Mailing Address 781 WEED ST.

City
NEW CANAAN

State
CT

Zip Code
06840-4019

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 ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y Y
01 / 30 / 2020

Transaction ID : SA11A.1909239

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

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

C. BEHNKE, DOUGLAS, , ,

Mailing Address 1420 CAMINO RANCHO

City
SIERRA VISTA

State
AZ

Zip Code
85635-5065

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

M M / D D / Y Y Y Y Y
01 / 23 / 2020

Transaction ID : SA11A.1887886

Amount of Each Receipt this Period

35.00

☐ Memo Item
CONTRIBUTION

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 16 OF 237

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Committee To Defend The President

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

A. BEHNKE, DOUGLAS, , ,

Mailing Address 1420 CAMINO RANCHO

City
SIERRA VISTA

State
AZ

Zip Code
85635-5065

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

M M / D D / Y Y Y Y Y Y
01 / 24 / 2020

Transaction ID : SA11A.1904417

Amount of Each Receipt this Period

35.00

☐ Memo Item
CONTRIBUTION

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

B. BEHNKE, DOUGLAS, , ,

Mailing Address 1420 CAMINO RANCHO

City
SIERRA VISTA

State
AZ

Zip Code
85635-5065

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

M M / D D / Y Y Y Y Y Y
01 / 30 / 2020

Transaction ID : SA11A.1909288

Amount of Each Receipt this Period

35.00

☐ Memo Item
CONTRIBUTION

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

C. BEHNKE, DOUGLAS, , ,

Mailing Address 1420 CAMINO RANCHO

City
SIERRA VISTA

State
AZ

Zip Code
85635-5065

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

M M / D D / Y Y Y Y Y Y
01 / 30 / 2020

Transaction ID : SA11A.1909289

Amount of Each Receipt this Period

35.00

☐ Memo Item
CONTRIBUTION

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

105.00

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 17 OF 237

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Committee To Defend The President

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

A. BEHNKE, DOUGLAS, , ,

Mailing Address 1420 CAMINO RANCHO

City
SIERRA VISTA

State
AZ

Zip Code
85635-5065

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

M M / D D / Y Y Y Y Y Y
01 / 30 / 2020

Transaction ID : SA11A.1909290

Amount of Each Receipt this Period

35.00

☐ Memo Item
CONTRIBUTION

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

B. BEHNKE, DOUGLAS, , ,

Mailing Address 1420 CAMINO RANCHO

City
SIERRA VISTA

State
AZ

Zip Code
85635-5065

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

M M / D D / Y Y Y Y Y Y
01 / 29 / 2020

Transaction ID : SA11A.1909291

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

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

C. BERNHARD, KENNETH, , ,

Mailing Address 104 RIVER BEND CIR

City
LAFAYETTE

State
LA

Zip Code
70508-6724

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
INFORMATION REQUESTED PER BEST EFFORTS

Occupation (for Individual)
INFORMATION REQUESTED PER BES

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 16 / 2020

Transaction ID : SA11A.1887184

Amount of Each Receipt this Period

1000.00

☐ Memo Item
CONTRIBUTION

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

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

1085.00

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

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

FOR LINE NUMBER: PAGE 18 OF 237

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Committee To Defend The President

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

A. BERRY, WILLIAM, , ,

Mailing Address 416 OAK HOLLOW LN

City
FORT WORTH

State
TX

Zip Code
76112-1022

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
01 / 11 / 2020

Transaction ID : SA11A.1895975

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

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

B. BERRY, WILLIAM, , ,

Mailing Address 416 OAK HOLLOW LN

City
FORT WORTH

State
TX

Zip Code
76112-1022

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
01 / 21 / 2020

Transaction ID : SA11A.1904444

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

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

C. BERRY, WILLIAM, , ,

Mailing Address 416 OAK HOLLOW LN

City
FORT WORTH

State
TX

Zip Code
76112-1022

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
01 / 30 / 2020

Transaction ID : SA11A.1909338

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

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 19 OF 237

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Committee To Defend The President

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

A. BHAGAT, RAJU, , ,

Mailing Address 3805 CASTLERIDGE

City
CORPUS CHRISTIState
TXZip Code
78410-3622FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELFOccupation (for Individual)
HOTELIER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 30 / 2020

Transaction ID : SA11A.1916567

Amount of Each Receipt this Period

500.00

☐ Memo Item
CONTRIBUTION

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

B. BLEKICKI, BURMA, , ,

Mailing Address 4238 MANGROVE PLACE

City
SARASOTAState
FLZip Code
34242-1224FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NEW ENGLAND GALLERY INCOccupation (for Individual)
ANTIQUA DEALER

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
01 / 22 / 2020

Transaction ID : SA11A.1904495

Amount of Each Receipt this Period

250.00

☐ Memo Item
CONTRIBUTION

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

C. BOARD, GREG, , ,

Mailing Address 534 S OAK KNOLL AVE

City
PASADENAState
CAZip Code
91101-3477FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (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
01 / 14 / 2020

Transaction ID : SA11A.1886445

Amount of Each Receipt this Period

250.00

☐ Memo Item
CONTRIBUTION

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

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

1000.00

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

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

FOR LINE NUMBER: PAGE 20 OF 237

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Committee To Defend The President

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

A. BOGLE, DONALD, , MR,

Mailing Address 370 CADD

City
DEXTERState
NMZip Code
88230-9650FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELFOccupation (for Individual)
FARMER RANCHER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 24 / 2020

Transaction ID : SA11A.1904506

Amount of Each Receipt this Period

250.00

☐ Memo Item
CONTRIBUTION

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

B. BOGLE, DONALD, , MR,

Mailing Address 370 CADD

City
DEXTERState
NMZip Code
88230-9650FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELFOccupation (for Individual)
FARMER RANCHER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 20 / 2020

Transaction ID : SA11A.1904507

Amount of Each Receipt this Period

500.00

☐ Memo Item
CONTRIBUTION

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

C. BOSCHERT, KATHRYN, , ,

Mailing Address 1156 CHERBOURG PL

City
MEMPHISState
TNZip Code
38120-4034FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF EMPLOYEDOccupation (for Individual)
RD

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 28 / 2020

Transaction ID : SA11A.1889046

Amount of Each Receipt this Period

500.00

☐ Memo Item
CONTRIBUTION

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

1250.00

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 21 OF 237

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Committee To Defend The President

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

A. BOUVIER, JOSEPH, P., ,

Mailing Address 135 ASHFORD RD

City
LONGMEADOWState
MAZip Code
01106-2515FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

SELF

Occupation (for Individual)

INFORMATION REQUESTED PER BE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 30 / 2020

Transaction ID : SA11A.1889503

Amount of Each Receipt this Period

1000.00

☐ Memo Item
CONTRIBUTION

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

B. BOUWMAN, DOUGLAS, , ,

Mailing Address 13001 24TH AVE

City
MARNEState
MIZip Code
49435-9636FEC 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
01 / 16 / 2020

Transaction ID : SA11A.1901229

Amount of Each Receipt this Period

250.00

☐ Memo Item
CONTRIBUTION

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

C. BOWEN, JEFF, , ,

Mailing Address 3312 WENTWOOD DR.

City
DALLASState
TXZip Code
75225-4846FEC 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

M M / D D / Y Y Y Y Y Y
01 / 29 / 2020

Transaction ID : SA11A.1909456

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

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

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

1350.00

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

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

FOR LINE NUMBER: PAGE 22 OF 237

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Committee To Defend The President

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

A. BOWEN, JEFF, , ,

Mailing Address 3312 WENTWOOD DR.

City
DALLAS

State
TX

Zip Code
75225-4846

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

M M / D D / Y Y Y Y Y Y
01 / 29 / 2020

Transaction ID : SA11A.1909457

Amount of Each Receipt this Period

250.00

☐ Memo Item
CONTRIBUTION

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

B. BROWN, SHERRIE, , ,

Mailing Address P.O. BOX 881

City
CUSHING

State
OK

Zip Code
74023-0881

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
01 / 12 / 2020

Transaction ID : SA11A.1896124

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

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

C. BROWN, SHERRIE, , ,

Mailing Address P.O. BOX 881

City
CUSHING

State
OK

Zip Code
74023-0881

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
01 / 14 / 2020

Transaction ID : SA11A.1901286

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

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

450.00

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 23 OF 237

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Committee To Defend The President

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

A. BROWN, SHERRIE, , ,

Mailing Address P.O. BOX 881

City
CUSHINGState
OKZip Code
74023-0881FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (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
01 / 24 / 2020

Transaction ID : SA11A.1908835

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

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

B. BROWN, VICKI, D., MRS,

Mailing Address 611 8TH ST

City
ORANGEState
TXZip Code
77630-5623FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 31 / 2020

Transaction ID : SA11A.1890045

Amount of Each Receipt this Period

500.00

☐ Memo Item
CONTRIBUTION

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

C. BUCHER, STEVEN, , ,

Mailing Address 38 SAPPHIRE PR

City
MORTONState
ILZip Code
61550-3608FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (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
01 / 21 / 2020

Transaction ID : SA11A.1904623

Amount of Each Receipt this Period

250.00

☐ Memo Item
CONTRIBUTION

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

800.00

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 237

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Committee To Defend The President

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

A. BULKLEY, BARBARA, , ,

Mailing Address 309 TURTLE BAY

City
PEACHTREE CITY

State
GA

Zip Code
30269-4202

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
01 / 01 / 2020

Transaction ID : SA11A.1892278

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

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

B. BULKLEY, BARBARA, , ,

Mailing Address 309 TURTLE BAY

City
PEACHTREE CITY

State
GA

Zip Code
30269-4202

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
01 / 02 / 2020

Transaction ID : SA11A.1892279

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

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

C. BULKLEY, BARBARA, , ,

Mailing Address 309 TURTLE BAY

City
PEACHTREE CITY

State
GA

Zip Code
30269-4202

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
01 / 12 / 2020

Transaction ID : SA11A.1896157

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

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 25 OF 237

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Committee To Defend The President

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

A. BULKLEY, BARBARA, , ,

Mailing Address 309 TURTLE BAY

City
PEACHTREE CITY

State
GA

Zip Code
30269-4202

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
01 / 13 / 2020

Transaction ID : SA11A.1901309

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

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

B. BULKLEY, BARBARA, , ,

Mailing Address 309 TURTLE BAY

City
PEACHTREE CITY

State
GA

Zip Code
30269-4202

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
01 / 23 / 2020

Transaction ID : SA11A.1904636

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

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

C. BURGIS, MALCOLM, , ,

Mailing Address 3 22ND AVENUE

City
ISLE OF PALMS

State
SC

Zip Code
29451-2303

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
THE WINDJAMMER

Occupation (for Individual)
GM

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y
01 / 04 / 2020

Transaction ID : SA11A.1892292

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

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

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

200.00

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 26 OF 237

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Committee To Defend The President

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

A. BURGIS, MALCOLM, , ,

Mailing Address 3 22ND AVENUE

City
ISLE OF PALMS

State
SC

Zip Code
29451-2303

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
THE WINDJAMMER

Occupation (for Individual)
GM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 05 / 2020

Transaction ID : SA11A.1892293

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

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

B. BURGIS, MALCOLM, , ,

Mailing Address 3 22ND AVENUE

City
ISLE OF PALMS

State
SC

Zip Code
29451-2303

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
THE WINDJAMMER

Occupation (for Individual)
GM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 24 / 2020

Transaction ID : SA11A.1904645

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

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

C. BURGIS, MALCOLM, , ,

Mailing Address 3 22ND AVENUE

City
ISLE OF PALMS

State
SC

Zip Code
29451-2303

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
THE WINDJAMMER

Occupation (for Individual)
GM

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 31 / 2020

Transaction ID : SA11A.1909617

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

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

175.00

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 27 OF 237

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Committee To Defend The President

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

A. BURGIS, MALCOLM, , ,

Mailing Address 3 22ND AVENUE

City
ISLE OF PALMS

State
SC

Zip Code
29451-2303

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
THE WINDJAMMER

Occupation (for Individual)
GM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 31 / 2020

Transaction ID : SA11A.1909618

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

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

B. BURNS, KEVIN, , ,

Mailing Address 25718 69 AVE. E.

City
GRAHAM

State
WA

Zip Code
98338-7131

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
BOEING GLOBAL SERVICES

Occupation (for Individual)
PROVISIONING ANALYST

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
01 / 18 / 2020

Transaction ID : SA11A.1901333

Amount of Each Receipt this Period

250.00

☐ Memo Item
CONTRIBUTION

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

C. CACCIATORE, JOSEPH, , ,

Mailing Address 850 HILL RD

City
WINNETKA

State
IL

Zip Code
60093-3919

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
INFORMATION REQUESTED PER BEST EFFORTS

Occupation (for Individual)
INFORMATION REQUESTED PER BES

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 16 / 2020

Transaction ID : SA11A.1887198

Amount of Each Receipt this Period

400.00

☐ Memo Item
CONTRIBUTION

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

700.00

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 28 OF 237

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Committee To Defend The President

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

A. CALEGAR, MICHAEL, D., MR.,

Mailing Address 2424 ABERDEEN AVENUE

City
HOQUIAMState
WAZip Code
98550-4017FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
01 / 27 / 2020

Transaction ID : SA11A.1888700

Amount of Each Receipt this Period

500.00

☐ Memo Item
CONTRIBUTION

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

B. CALLAHAM, KEN, , MR,

Mailing Address 620 GLENOVER DR

City
ALPHARETTAState
GAZip Code
30004-8276FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
HOOK DATA LLCOccupation (for Individual)
OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
01 / 09 / 2020

Transaction ID : SA11A.1886175

Amount of Each Receipt this Period

500.00

☐ Memo Item
CONTRIBUTION

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

C. CANNON, JOE, , ,

Mailing Address 142 WHISTLERS COVE RD.

City
ROCKPORTState
TXZip Code
78382-4328FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
01 / 24 / 2020

Transaction ID : SA11A.1888560

Amount of Each Receipt this Period

500.00

☐ Memo Item
CONTRIBUTION

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

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

1500.00

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

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

FOR LINE NUMBER: PAGE 29 OF 237

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Committee To Defend The President

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

A. CARDWELL, DAVID, P., ,

Mailing Address P.O. BOX 291

City
FORTINEState
MTZip Code
59918-0291FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (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
01 / 24 / 2020

Transaction ID : SA11A.1888561

Amount of Each Receipt this Period

300.00

☐ Memo Item
CONTRIBUTION

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

B. CARLETON, SCOTT, , ,

Mailing Address 3103 S. HIGH DR.

City
SPOKANEState
WAZip Code
99203-1335FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
INLAND IMAGINGOccupation (for Individual)
M.D.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
01 / 05 / 2020

Transaction ID : SA11A.1892348

Amount of Each Receipt this Period

250.00

☐ Memo Item
CONTRIBUTION

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

C. CARLETON, SCOTT, , ,

Mailing Address 3103 S. HIGH DR.

City
SPOKANEState
WAZip Code
99203-1335FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
INLAND IMAGINGOccupation (for Individual)
M.D.

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
01 / 30 / 2020

Transaction ID : SA11A.1909711

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

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

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

600.00

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 30 OF 237

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Committee To Defend The President

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

A. CARTER, PAUL, S., MR,

Mailing Address P.O. BOX 10131

City
SAVANNAHState
GAZip Code
31412-0331FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

INFORMATION REQUESTED PER BEST EFFORTS

Occupation (for Individual)

INFORMATION REQUESTED PER BE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
01 / 28 / 2020

Transaction ID : SA11A.1888856

Amount of Each Receipt this Period

1000.00

☐ Memo Item
CONTRIBUTION

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

B. CASTRO, JAIME, , ,

Mailing Address 3993 ROBERTS POINT RD

City
SARASOTAState
FLZip Code
34242-1160FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

SELF

Occupation (for Individual)

HEALTH COACH

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
01 / 03 / 2020

Transaction ID : SA11A.1892379

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

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

C. CASTRO, JAIME, , ,

Mailing Address 3993 ROBERTS POINT RD

City
SARASOTAState
FLZip Code
34242-1160FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

SELF

Occupation (for Individual)

HEALTH COACH

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
01 / 03 / 2020

Transaction ID : SA11A.1892380

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

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

1125.00

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 31 OF 237

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Committee To Defend The President

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

A. CASTRO, JAIME, , ,

Mailing Address 3993 ROBERTS POINT RD

City
SARASOTAState
FLZip Code
34242-1160FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELFOccupation (for Individual)
HEALTH COACH

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
01 / 26 / 2020

Transaction ID : SA11A.1904747

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

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

B. CECIL, WILLIAM, , ,

Mailing Address 1675 SHORES BLVD

City
ROCKWALLState
TXZip Code
75087-2329FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

213.75

Date of Receipt

M M / D D / Y Y Y Y Y
01 / 16 / 2020

Transaction ID : SA11A.1887170

Amount of Each Receipt this Period

15.00

☐ Memo Item
CONTRIBUTION

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

C. CECIL, WILLIAM, , ,

Mailing Address 1675 SHORES BLVD

City
ROCKWALLState
TXZip Code
75087-2329FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

213.75

Date of Receipt

M M / D D / Y Y Y Y Y
01 / 04 / 2020

Transaction ID : SA11A.1892386

Amount of Each Receipt this Period

35.00

☐ Memo Item
CONTRIBUTION

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

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

150.00

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

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

FOR LINE NUMBER: PAGE 32 OF 237

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Committee To Defend The President

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

A. CECIL, WILLIAM, , ,

Mailing Address 1675 SHORES BLVD

City
ROCKWALL

State
TX

Zip Code
75087-2329

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 ▼

213.75

Date of Receipt

M M / D D / Y Y Y Y Y
01 / 10 / 2020

Transaction ID : SA11A.1896276

Amount of Each Receipt this Period

3.75

☐ Memo Item
CONTRIBUTION

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

B. CECIL, WILLIAM, , ,

Mailing Address 1675 SHORES BLVD

City
ROCKWALL

State
TX

Zip Code
75087-2329

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 ▼

213.75

Date of Receipt

M M / D D / Y Y Y Y Y
01 / 10 / 2020

Transaction ID : SA11A.1896277

Amount of Each Receipt this Period

15.00

☐ Memo Item
CONTRIBUTION

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

C. CECIL, WILLIAM, , ,

Mailing Address 1675 SHORES BLVD

City
ROCKWALL

State
TX

Zip Code
75087-2329

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 ▼

213.75

Date of Receipt

M M / D D / Y Y Y Y Y
01 / 12 / 2020

Transaction ID : SA11A.1896278

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

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

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

43.75

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 33 OF 237
(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 Defend The President

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

A. CECIL, WILLIAM, , ,

Mailing Address 1675 SHORES BLVD

City
ROCKWALLState
TXZip Code
75087-2329FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

213.75

Date of Receipt

M M	/	D D	/	Y Y Y Y
01	/	17	/	2020

Transaction ID : SA11A.1901406

Amount of Each Receipt this Period

6.25

☐ Memo Item
CONTRIBUTION

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

B. CECIL, WILLIAM, , ,

Mailing Address 1675 SHORES BLVD

City
ROCKWALLState
TXZip Code
75087-2329FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

213.75

Date of Receipt

M M	/	D D	/	Y Y Y Y
01	/	15	/	2020

Transaction ID : SA11A.1901407

Amount of Each Receipt this Period

8.75

☐ Memo Item
CONTRIBUTION

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

C. CECIL, WILLIAM, , ,

Mailing Address 1675 SHORES BLVD

City
ROCKWALLState
TXZip Code
75087-2329FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

213.75

Date of Receipt

M M	/	D D	/	Y Y Y Y
01	/	17	/	2020

Transaction ID : SA11A.1901408

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

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

40.00

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 34 OF 237

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Committee To Defend The President

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

A. CECIL, WILLIAM, , ,

Mailing Address 1675 SHORES BLVD

City
ROCKWALL

State
TX

Zip Code
75087-2329

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 ▼

213.75

Date of Receipt

M M / D D / Y Y Y Y Y
01 / 15 / 2020

Transaction ID : SA11A.1901409

Amount of Each Receipt this Period

35.00

☐ Memo Item
CONTRIBUTION

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

B. CECIL, WILLIAM, , ,

Mailing Address 1675 SHORES BLVD

City
ROCKWALL

State
TX

Zip Code
75087-2329

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 ▼

213.75

Date of Receipt

M M / D D / Y Y Y Y Y
01 / 23 / 2020

Transaction ID : SA11A.1904755

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

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

C. CECIL, WILLIAM, , ,

Mailing Address 1675 SHORES BLVD

City
ROCKWALL

State
TX

Zip Code
75087-2329

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 ▼

213.75

Date of Receipt

M M / D D / Y Y Y Y Y
01 / 29 / 2020

Transaction ID : SA11A.1909766

Amount of Each Receipt this Period

10.00

☐ Memo Item
CONTRIBUTION

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

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

70.00

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

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

FOR LINE NUMBER: PAGE 35 OF 237

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Committee To Defend The President

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

A. CECIL, WILLIAM, , ,

Mailing Address 1675 SHORES BLVD

City
ROCKWALL

State
TX

Zip Code
75087-2329

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 ▼

213.75

Date of Receipt

M M / D D / Y Y Y Y Y
01 / 28 / 2020

Transaction ID : SA11A.1909767

Amount of Each Receipt this Period

10.00

☐ Memo Item
CONTRIBUTION

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

B. CHAPMAN, MARY, , ,

Mailing Address 721 BLACK WOLF RUN

City
SPARTANBURG

State
SC

Zip Code
29306-6666

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
01 / 29 / 2020

Transaction ID : SA11A.1916156

Amount of Each Receipt this Period

250.00

☐ Memo Item
CONTRIBUTION

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

C. CHEN, FRED, , ,

Mailing Address 800 CANTERBURY RD.

City
SAN MARINO

State
CA

Zip Code
91108-1346

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 / D D / Y Y Y Y Y
01 / 15 / 2020

Transaction ID : SA11A.1901423

Amount of Each Receipt this Period

500.00

☐ Memo Item
CONTRIBUTION

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

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

760.00

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

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

FOR LINE NUMBER: PAGE 36 OF 237

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Committee To Defend The President

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

A. CLAYBAUGH, WILLIAM, J., ,

Mailing Address P.O. BOX 216

City
CARROLLState
NEZip Code
68723-0216FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
TWJ FARMSOccupation (for Individual)
FARMER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
01 / 25 / 2020

Transaction ID : SA11A.1904814

Amount of Each Receipt this Period

250.00

☐ Memo Item
CONTRIBUTION

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

B. COOPER, GARY, , ,

Mailing Address 3807 HARDING PLACE

City
NASHVILLEState
TNZip Code
37215-4030FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
COOPER STEEL FABRICATOR'S INC.Occupation (for Individual)
PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
01 / 05 / 2020

Transaction ID : SA11A.1892493

Amount of Each Receipt this Period

250.00

☐ Memo Item
CONTRIBUTION

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

C. CORONATO, ANDREW, , ,

Mailing Address 940 FOX HILL LANE

City
SCOTCH PLAINSState
NJZip Code
07076-3404FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
01 / 29 / 2020

Transaction ID : SA11A.1916355

Amount of Each Receipt this Period

500.00

☐ Memo Item
CONTRIBUTION

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

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

1000.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 37 OF 237
(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 Defend The President

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

A. COX, HAROLD, , ,

Mailing Address 3660 WINDING BROOK CIRCLE

City
ROCHESTER HILLSState
MIZip Code
48309-4733FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SPECIALTY STEELOccupation (for Individual)
PRESIDENT

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
01	/	29	/	2020

Transaction ID : SA11A.1889348

Amount of Each Receipt this Period

400.00

☐ Memo Item
CONTRIBUTION

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

B. CREITZ, THOMAS, , ,

Mailing Address 218 MILLPOND RD

City
SUNBURYState
OHZip Code
43074-8458FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.20

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	06	/	2020

Transaction ID : SA11A.1896463

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

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

C. CREITZ, THOMAS, , ,

Mailing Address 218 MILLPOND RD

City
SUNBURYState
OHZip Code
43074-8458FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

390.20

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	18	/	2020

Transaction ID : SA11A.1901520

Amount of Each Receipt this Period

20.20

☐ Memo Item
CONTRIBUTION
SUBTOTAL of Receipts This Page (optional).....▶

520.20

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 38 OF 237

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Committee To Defend The President

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

A. CREITZ, THOMAS, , ,

Mailing Address 218 MILLPOND RD

City
SUNBURYState
OHZip Code
43074-8458FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.20

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 15 / 2020

Transaction ID : SA11A.1901521

Amount of Each Receipt this Period

35.00

☐ Memo Item
CONTRIBUTION

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

B. CREITZ, THOMAS, , ,

Mailing Address 218 MILLPOND RD

City
SUNBURYState
OHZip Code
43074-8458FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.20

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 16 / 2020

Transaction ID : SA11A.1901522

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

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

C. CREITZ, THOMAS, , ,

Mailing Address 218 MILLPOND RD

City
SUNBURYState
OHZip Code
43074-8458FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

390.20

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 13 / 2020

Transaction ID : SA11A.1901523

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

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: PAGE 39 OF 237

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Committee To Defend The President

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

A. CREITZ, THOMAS, , ,

Mailing Address 218 MILLPOND RD

City
SUNBURY

State
OH

Zip Code
43074-8458

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 ▼

390.20

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 21 / 2020

Transaction ID : SA11A.1904919

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

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

B. CREITZ, THOMAS, , ,

Mailing Address 218 MILLPOND RD

City
SUNBURY

State
OH

Zip Code
43074-8458

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 ▼

390.20

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 29 / 2020

Transaction ID : SA11A.1909985

Amount of Each Receipt this Period

35.00

☐ Memo Item
CONTRIBUTION

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

C. DANGELAS, MAYA, , ,

Mailing Address 11434 GALLANT RIDGE

City
HOUSTON

State
TX

Zip Code
77082-6817

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
US GLOBAL INSTITUTE

Occupation (for Individual)
EDUCATOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 17 / 2020

Transaction ID : SA11A.1901562

Amount of Each Receipt this Period

500.00

☐ Memo Item
CONTRIBUTION

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

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

635.00

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

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

FOR LINE NUMBER: PAGE 40 OF 237

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Committee To Defend The President

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

A. DEIHL, RICHARD, , ,

Mailing Address 888 W. E ST
4002City
SAN DIEGOState
CAZip Code
92101-6127FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
01 / 29 / 2020

Transaction ID : SA11A.1916310

Amount of Each Receipt this Period

1000.00

☐ Memo Item
 CONTRIBUTION

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

B. DENMEADE, LINDA, , MRS,

Mailing Address 103 LOOKOUT RDG

City
SWANSBOROState
NCZip Code
28584-8049FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF EMPLOYEDOccupation (for Individual)
INFORMATION REQUESTED PER BE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
01 / 09 / 2020

Transaction ID : SA11A.1886058

Amount of Each Receipt this Period

500.00

☐ Memo Item
 CONTRIBUTION

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

C. DEPREZ, MARY JUNE, , ,

Mailing Address 3604 NORMANDY AVENUE

City
DALLASState
TXZip Code
75205-2103FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
01 / 28 / 2020

Transaction ID : SA11A.1889029

Amount of Each Receipt this Period

500.00

☐ Memo Item
 CONTRIBUTION

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

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

2000.00

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

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

FOR LINE NUMBER: PAGE 41 OF 237

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Committee To Defend The President

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

A. DEROSA, CONNIR, , ,

Mailing Address 10 WHITTIER CT

City
RANCHO MIRAGE

State
CA

Zip Code
92270-3720

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
01 / 04 / 2020

Transaction ID : SA11A.1892633

Amount of Each Receipt this Period

250.00

☐ Memo Item
CONTRIBUTION

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

B. DIAZ-OLIVER, REMEDIOS, , ,

Mailing Address 1 GROVE ISLE DRIVE
1701

City
MIAMI

State
FL

Zip Code
33133-4106

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
01 / 28 / 2020

Transaction ID : SA11A.1914142

Amount of Each Receipt this Period

500.00

☐ Memo Item
CONTRIBUTION

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

C. DIETERMAN, AL, , ,

Mailing Address 7092 CRYSTALVIEW DR. S E

City
CALEDONIA

State
MI

Zip Code
49316-9053

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
01 / 06 / 2020

Transaction ID : SA11A.1896628

Amount of Each Receipt this Period

250.00

☐ Memo Item
CONTRIBUTION

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

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

1000.00

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

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

FOR LINE NUMBER: PAGE 42 OF 237

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Committee To Defend The President

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

A. DIX, CHRISTOPHER, J., MR.,

Mailing Address 842 EMERALD OAKS CT

City
EUREKA

State
MO

Zip Code
63025-2370

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SCHAEFFER MFG CO

Occupation (for Individual)
SALES REP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
01 / 02 / 2020

Transaction ID : SA11A.1884426

Amount of Each Receipt this Period

500.00

☐ Memo Item
CONTRIBUTION

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

B. DODGE, JOHN, F., MR,

Mailing Address 2904 HIDDEN BEACHES RD

City
CARRABELLE

State
FL

Zip Code
32322-3068

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 ▼

412.50

Date of Receipt

MM / DD / YYYY
01 / 16 / 2020

Transaction ID : SA11A.1901641

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

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

C. DODGE, JOHN, F., MR,

Mailing Address 2904 HIDDEN BEACHES RD

City
CARRABELLE

State
FL

Zip Code
32322-3068

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 ▼

412.50

Date of Receipt

MM / DD / YYYY
01 / 30 / 2020

Transaction ID : SA11A.1910176

Amount of Each Receipt this Period

62.50

☐ Memo Item
CONTRIBUTION

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

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

662.50

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

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

FOR LINE NUMBER: PAGE 43 OF 237

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Committee To Defend The President

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

A. DODGE, JOHN, F., MR,

Mailing Address 2904 HIDDEN BEACHES RD

City
CARRABELLEState
FLZip Code
32322-3068FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

412.50

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 30 / 2020

Transaction ID : SA11A.1910177

Amount of Each Receipt this Period

250.00

☐ Memo Item
CONTRIBUTION

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

B. DOERGE, JOHN, , ,

Mailing Address 1485 ABINGTON CAMBS DR.

City
LAKE FORESTState
ILZip Code
60045-2670FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 13 / 2020

Transaction ID : SA11A.1901643

Amount of Each Receipt this Period

500.00

☐ Memo Item
CONTRIBUTION

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

C. DUIN, DUANE, , ,

Mailing Address 7682 COUNTY ROAD 2

City
DUMONTState
MNZip Code
56236-2020FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 23 / 2020

Transaction ID : SA11A.1887907

Amount of Each Receipt this Period

300.00

☐ Memo Item
CONTRIBUTION

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

1050.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 44 OF 237
(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 Defend The President

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

A. DUIN, DUANE, , ,

Mailing Address 7682 COUNTY ROAD 2

City
DUMONTState
MNZip Code
56236-2020FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (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
01	/	30	/	2020

Transaction ID : SA11A.1889756

Amount of Each Receipt this Period

200.00

☐ Memo Item
CONTRIBUTION

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

B. DUPUIS, DANIELLE, , ,

Mailing Address 219 JOANN RD

City
STROUDSBURGState
PAZip Code
18360-7668FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
CENTURY WIRE PRODUCTS CORPOccupation (for Individual)
EXECUTIVE

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
01	/	20	/	2020

Transaction ID : SA11A.1905126

Amount of Each Receipt this Period

250.00

☐ Memo Item
CONTRIBUTION

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

C. DUPUIS, DANIELLE, , ,

Mailing Address 219 JOANN RD

City
STROUDSBURGState
PAZip Code
18360-7668FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
CENTURY WIRE PRODUCTS CORPOccupation (for Individual)
EXECUTIVE

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
01	/	28	/	2020

Transaction ID : SA11A.1910249

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

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

500.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 45 OF 237

(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 Defend The President

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

A. DUPUIS, DANIELLE, , ,

Mailing Address 219 JOANN RD

City
STROUDSBURGState
PAZip Code
18360-7668FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
CENTURY WIRE PRODUCTS CORPOccupation (for Individual)
EXECUTIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M	D D	Y Y Y Y
01	30	2020

Transaction ID : SA11A.1910250

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

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

B. DURLIAT, JACK, , ,

Mailing Address 1420 VIA PORTOFINO

City
NAPLESState
FLZip Code
34108-3318FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M	D D	Y Y Y Y
01	03	2020

Transaction ID : SA11A.1892709

Amount of Each Receipt this Period

500.00

☐ Memo Item
CONTRIBUTION

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

C. EAST, ALICE, , ,

Mailing Address 49081 NORTH HIGHWAY 281

City
LINNState
TXZip Code
78563-FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELFOccupation (for Individual)
RANCHER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M	D D	Y Y Y Y
01	03	2020

Transaction ID : SA11A.1892715

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION
SUBTOTAL of Receipts This Page (optional).....▶

650.00

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 46 OF 237

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Committee To Defend The President

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

A. EAST, ALICE, , ,

Mailing Address 49081 NORTH HIGHWAY 281

City
LINNState
TXZip Code
78563-FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELFOccupation (for Individual)
RANCHER

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
01 / 13 / 2020

Transaction ID : SA11A.1901682

Amount of Each Receipt this Period

250.00

☐ Memo Item
CONTRIBUTION

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

B. ELLIOTT, RODNEY, , ,

Mailing Address 1315 E MAIN ST

City

SANTA PAULA

State

CA

Zip Code

93060-2925

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
R&R PIPELINE INCOccupation (for Individual)
CONTRACTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 27 / 2020

Transaction ID : SA11A.1910311

Amount of Each Receipt this Period

500.00

☐ Memo Item
CONTRIBUTION

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

C. ETHELTON, RUTH, H., ,

Mailing Address 511 INVERNESS AVE.

City

MELBOURNE

State

FL

Zip Code

32940-7802

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 28 / 2020

Transaction ID : SA11A.1889039

Amount of Each Receipt this Period

500.00

☐ Memo Item
CONTRIBUTION

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

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

1250.00

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

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

FOR LINE NUMBER: PAGE 47 OF 237

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Committee To Defend The President

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

A. FENNELL, JAMES, , ,

Mailing Address 6960 KILLARNEY DRIVE

City
BEAUMONT

State
TX

Zip Code
77706-4116

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
EVERY LIFE IS SACRED FOUNDATION, LLC

Occupation (for Individual)
FOUNDER & MANAGER

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
01 / 10 / 2020

Transaction ID : SA11A.1900069

Amount of Each Receipt this Period

250.00

☐ Memo Item
CONTRIBUTION

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

B. FERGUSON, NANCY, P., MRS.,

Mailing Address 4697 OAKWOOD DR

City
BATTLEBORO

State
NC

Zip Code
27809-9351

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
01 / 17 / 2020

Transaction ID : SA11A.1887412

Amount of Each Receipt this Period

300.00

☐ Memo Item
CONTRIBUTION

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

C. FERNANDEZ, MARTA, , ,

Mailing Address 625 BILTMORE WAY
APT 505

City
MIAMI

State
FL

Zip Code
33134-7537

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
01 / 05 / 2020

Transaction ID : SA11A.1892814

Amount of Each Receipt this Period

250.00

☐ Memo Item
CONTRIBUTION

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

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

800.00

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

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

FOR LINE NUMBER: PAGE 48 OF 237

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Committee To Defend The President

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

A. FINCH, ROGER, , ,

Mailing Address 280 CLARK DR.

F-44

City

CIRCLEVILLE

State

OH

Zip Code

43113-1400

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

K&R TRANSPORT

Occupation (for Individual)

TRUCK DRIVER

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
01 / 07 / 2020

Transaction ID : SA11A.1900109

Amount of Each Receipt this Period

35.00

☐ Memo Item
CONTRIBUTION

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

B. FINCH, ROGER, , ,

Mailing Address 280 CLARK DR.

F-44

City

CIRCLEVILLE

State

OH

Zip Code

43113-1400

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

K&R TRANSPORT

Occupation (for Individual)

TRUCK DRIVER

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
01 / 25 / 2020

Transaction ID : SA11A.1908239

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

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

C. FINCH, ROGER, , ,

Mailing Address 280 CLARK DR.

F-44

City

CIRCLEVILLE

State

OH

Zip Code

43113-1400

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

K&R TRANSPORT

Occupation (for Individual)

TRUCK DRIVER

Receipt For:

☐ Primary
☐ Other (specify)

☐ General

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
01 / 25 / 2020

Transaction ID : SA11A.1908240

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

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: PAGE 49 OF 237

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Committee To Defend The President

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

A. FINCH, ROGER, , ,

Mailing Address 280 CLARK DR.

F-44

City

CIRCLEVILLE

State

OH

Zip Code

43113-1400

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

K&R TRANSPORT

Occupation (for Individual)

TRUCK DRIVER

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
01 / 30 / 2020

Transaction ID : SA11A.1910424

Amount of Each Receipt this Period

35.00

☐ Memo Item
CONTRIBUTION

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

B. FIOR, DALE, , ,

Mailing Address 659 1ST ST APT 502

City

HOBOKEN

State

NJ

Zip Code

07030-8839

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

SELF EMPLOYED

Occupation (for Individual)

REAL ESTATE

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
01 / 04 / 2020

Transaction ID : SA11A.1892831

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

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

C. FIOR, DALE, , ,

Mailing Address 659 1ST ST APT 502

City

HOBOKEN

State

NJ

Zip Code

07030-8839

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

SELF EMPLOYED

Occupation (for Individual)

REAL ESTATE

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
01 / 05 / 2020

Transaction ID : SA11A.1892832

Amount of Each Receipt this Period

35.00

☐ Memo Item
CONTRIBUTION

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: PAGE 50 OF 237

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Committee To Defend The President

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

A. FIOR, DALE, , ,

Mailing Address 659 1ST ST APT 502

City
HOBOKEN

State
NJ

Zip Code
07030-8839

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF EMPLOYED

Occupation (for Individual)
REAL ESTATE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 07 / 2020

Transaction ID : SA11A.1896852

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

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

B. FIOR, DALE, , ,

Mailing Address 659 1ST ST APT 502

City
HOBOKEN

State
NJ

Zip Code
07030-8839

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF EMPLOYED

Occupation (for Individual)
REAL ESTATE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 12 / 2020

Transaction ID : SA11A.1896853

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

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

C. FIOR, DALE, , ,

Mailing Address 659 1ST ST APT 502

City
HOBOKEN

State
NJ

Zip Code
07030-8839

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF EMPLOYED

Occupation (for Individual)
REAL ESTATE

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 19 / 2020

Transaction ID : SA11A.1901776

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

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

75.00

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 51 OF 237

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Committee To Defend The President

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

A. FIOR, DALE, , ,

Mailing Address 659 1ST ST APT 502

City
HOBOKEN

State
NJ

Zip Code
07030-8839

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF EMPLOYED

Occupation (for Individual)
REAL ESTATE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

MM / DD / YYYY
01 / 19 / 2020

Transaction ID : SA11A.1901777

Amount of Each Receipt this Period

35.00

☐ Memo Item
CONTRIBUTION

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

B. FIOR, DALE, , ,

Mailing Address 659 1ST ST APT 502

City
HOBOKEN

State
NJ

Zip Code
07030-8839

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF EMPLOYED

Occupation (for Individual)
REAL ESTATE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

MM / DD / YYYY
01 / 16 / 2020

Transaction ID : SA11A.1904148

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

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

C. FIOR, DALE, , ,

Mailing Address 659 1ST ST APT 502

City
HOBOKEN

State
NJ

Zip Code
07030-8839

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF EMPLOYED

Occupation (for Individual)
REAL ESTATE

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

280.00

Date of Receipt

MM / DD / YYYY
01 / 24 / 2020

Transaction ID : SA11A.1905280

Amount of Each Receipt this Period

35.00

☐ Memo Item
CONTRIBUTION

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

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

95.00

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

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

FOR LINE NUMBER: PAGE 52 OF 237

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Committee To Defend The President

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

A. FIOR, DALE, , ,

Mailing Address 659 1ST ST APT 502

City
HOBOKEN

State
NJ

Zip Code
07030-8839

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF EMPLOYED

Occupation (for Individual)
REAL ESTATE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 25 / 2020

Transaction ID : SA11A.1905281

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

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

B. FRANSSON, MARTHA, , ,

Mailing Address 11 DODGE DRIVE

City
WEST HARTFORD

State
CT

Zip Code
06107-1009

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 ▼

555.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 02 / 2020

Transaction ID : SA11A.1892878

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

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

C. FRANSSON, MARTHA, , ,

Mailing Address 11 DODGE DRIVE

City
WEST HARTFORD

State
CT

Zip Code
06107-1009

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 ▼

555.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 14 / 2020

Transaction ID : SA11A.1903925

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

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: PAGE 53 OF 237

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Committee To Defend The President

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

A. FRANSSON, MARTHA, , ,

Mailing Address 11 DODGE DRIVE

City
WEST HARTFORD

State
CT

Zip Code
06107-1009

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 ▼

555.00

Date of Receipt

M M / D D / Y Y Y Y Y
01 / 24 / 2020

Transaction ID : SA11A.1905334

Amount of Each Receipt this Period

55.00

☐ Memo Item
CONTRIBUTION

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

B. FRANSSON, MARTHA, , ,

Mailing Address 11 DODGE DRIVE

City
WEST HARTFORD

State
CT

Zip Code
06107-1009

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 ▼

555.00

Date of Receipt

M M / D D / Y Y Y Y Y
01 / 23 / 2020

Transaction ID : SA11A.1908337

Amount of Each Receipt this Period

250.00

☐ Memo Item
CONTRIBUTION

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

C. FRANSSON, MARTHA, , ,

Mailing Address 11 DODGE DRIVE

City
WEST HARTFORD

State
CT

Zip Code
06107-1009

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 ▼

555.00

Date of Receipt

M M / D D / Y Y Y Y Y
01 / 30 / 2020

Transaction ID : SA11A.1914789

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

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

405.00

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 237

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Committee To Defend The President

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

A. FREY, TONY, , ,

Mailing Address 408 TREADWAY CIR

City
HOLLANDALE

State
MS

Zip Code
38748-3507

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF EMPLOYED

Occupation (for Individual)
FARMER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 29 / 2020

Transaction ID : SA11A.1889359

Amount of Each Receipt this Period

500.00

☐ Memo Item
CONTRIBUTION

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

B. GALANTI, PAUL, , ,

Mailing Address 1600 WESTBROOK AVE
421

City
RICHMOND

State
VA

Zip Code
23227-3337

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
01 / 15 / 2020

Transaction ID : SA11A.1901854

Amount of Each Receipt this Period

250.00

☐ Memo Item
CONTRIBUTION

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

C. GALLO, THOMAS, , ,

Mailing Address 1908 MAZE BLVD

City
MODESTO

State
CA

Zip Code
95358-1612

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
G3 ENTERPRISES

Occupation (for Individual)
SALES/MARKETING

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 03 / 2020

Transaction ID : SA11A.1893187

Amount of Each Receipt this Period

500.00

☐ Memo Item
CONTRIBUTION

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

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

1250.00

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 237

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Committee To Defend The President

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

A. GANDY, CHERI, , ,

Mailing Address 3588 VISTA DE MADERA

City
LINCOLNState
CAZip Code
95648-7935FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (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
01 / 14 / 2020

Transaction ID : SA11A.1901863

Amount of Each Receipt this Period

250.00

☐ Memo Item
CONTRIBUTION

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

B. GAYLORD, EDWARD, , ,

Mailing Address P.O. BOX 3366

City
EDMONDState
OKZip Code
73083-3366FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 26 / 2020

Transaction ID : SA11A.1905409

Amount of Each Receipt this Period

2500.00

☐ Memo Item
CONTRIBUTION

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

C. GERLACH, NANCY, , ,

Mailing Address 5237 DUNCAN CREEK RD

City
BUFORDState
GAZip Code
30519-5456FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
INFORMATION REQUESTED PER BEST EFFORTSOccupation (for Individual)
NURSE

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 07 / 2020

Transaction ID : SA11A.1896999

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

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

2850.00

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 56 OF 237

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Committee To Defend The President

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

A. GERLACH, NANCY, , ,

Mailing Address 5237 DUNCAN CREEK RD

City
BUFORDState
GAZip Code
30519-5456FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

INFORMATION REQUESTED PER BEST EFFORTS

Occupation (for Individual)

NURSE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 22 / 2020

Transaction ID : SA11A.1905424

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

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

B. GERLACH, NANCY, , ,

Mailing Address 5237 DUNCAN CREEK RD

City
BUFORDState
GAZip Code
30519-5456FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

INFORMATION REQUESTED PER BEST EFFORTS

Occupation (for Individual)

NURSE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 25 / 2020

Transaction ID : SA11A.1905425

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

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

C. GERLACH, NANCY, , ,

Mailing Address 5237 DUNCAN CREEK RD

City
BUFORDState
GAZip Code
30519-5456FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

INFORMATION REQUESTED PER BEST EFFORTS

Occupation (for Individual)

NURSE

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 26 / 2020

Transaction ID : SA11A.1908272

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

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 57 OF 237

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Committee To Defend The President

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

A. GIBBS, ELIZABETH, , ,

Mailing Address 117 SUNSET DR.

City
 LANSDALE

State
 PA

Zip Code
 19446-1732

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
 01 / 28 / 2020

Transaction ID : SA11A.1889054

Amount of Each Receipt this Period

250.00

☐ Memo Item
 CONTRIBUTION

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

B. GIFFIN, CHERYL, , ,

Mailing Address 3296 HOLLOW CORNERS RD

City
 DRYDEN

State
 MI

Zip Code
 48428-9729

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 / D D / Y Y Y Y Y Y
 01 / 03 / 2020

Transaction ID : SA11A.1893235

Amount of Each Receipt this Period

100.00

☐ Memo Item
 CONTRIBUTION

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

C. GIFFIN, CHERYL, , ,

Mailing Address 3296 HOLLOW CORNERS RD

City
 DRYDEN

State
 MI

Zip Code
 48428-9729

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 / D D / Y Y Y Y Y Y
 01 / 05 / 2020

Transaction ID : SA11A.1895533

Amount of Each Receipt this Period

100.00

☐ Memo Item
 CONTRIBUTION

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

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

450.00

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

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

FOR LINE NUMBER: PAGE 58 OF 237

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Committee To Defend The President

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

A. GIFFIN, CHERYL, , ,

Mailing Address 3296 HOLLOW CORNERS RD

City
DRYDENState
MIZip Code
48428-9729FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 11 / 2020

Transaction ID : SA11A.1900519

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

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

B. GIFFIN, CHERYL, , ,

Mailing Address 3296 HOLLOW CORNERS RD

City
DRYDENState
MIZip Code
48428-9729FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 24 / 2020

Transaction ID : SA11A.1905433

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

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

C. GIVENS, MICHAEL, , ,

Mailing Address 5 LEE DRIVE

City
ROCKWALLState
TXZip Code
75032-8612FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (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
01 / 30 / 2020

Transaction ID : SA11A.1915894

Amount of Each Receipt this Period

250.00

☐ Memo Item
CONTRIBUTION

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

450.00

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 59 OF 237

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Committee To Defend The President

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

A. GLENDINNING, ANN, , ,

Mailing Address 340 SOUTH US HIGHWAY ONE
408

City
JUPITER

State
FL

Zip Code
33477-5928

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 / D D / Y Y Y Y Y
01 / 07 / 2020

Transaction ID : SA11A.1897022

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

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

B. GLENDINNING, ANN, , ,

Mailing Address 340 SOUTH US HIGHWAY ONE
408

City
JUPITER

State
FL

Zip Code
33477-5928

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 / D D / Y Y Y Y Y
01 / 26 / 2020

Transaction ID : SA11A.1905454

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

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

C. GLENDINNING, ANN, , ,

Mailing Address 340 SOUTH US HIGHWAY ONE
408

City
JUPITER

State
FL

Zip Code
33477-5928

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 / D D / Y Y Y Y Y
01 / 26 / 2020

Transaction ID : SA11A.1905455

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

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 60 OF 237

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Committee To Defend The President

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

A. GLENDINNING, ANN, , ,

Mailing Address 340 SOUTH US HIGHWAY ONE
408

City
JUPITER

State
FL

Zip Code
33477-5928

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 / D D / Y Y Y Y Y Y
01 / 29 / 2020

Transaction ID : SA11A.1910654

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

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

B. GLENDINNING, ANN, , ,

Mailing Address 340 SOUTH US HIGHWAY ONE
408

City
JUPITER

State
FL

Zip Code
33477-5928

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 / D D / Y Y Y Y Y Y
01 / 29 / 2020

Transaction ID : SA11A.1910655

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

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

C. GOODNOW, RUTH, , MS.,

Mailing Address 1452 HESTON PL

City
CROFTON

State
MD

Zip Code
21114-2112

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 / D D / Y Y Y Y Y Y
01 / 27 / 2020

Transaction ID : SA11A.1888671

Amount of Each Receipt this Period

500.00

☐ Memo Item
CONTRIBUTION

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

625.00

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 61 OF 237

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Committee To Defend The President

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

A. GOODRIDGE, SHIRLEY, , ,

Mailing Address 5123 BALDEAGLE LN

City
TOMWATERState
WAZip Code
98512-8028FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 24 / 2020

Transaction ID : SA11A.1888506

Amount of Each Receipt this Period

340.00

☐ Memo Item
CONTRIBUTION

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

B. GRAHAM, HERBERT, , ,

Mailing Address 1222 N GRANT AVE

City
ODESSAState
TXZip Code
79761-3847FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
GBEOccupation (for Individual)
INVESTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 31 / 2020

Transaction ID : SA11A.1914371

Amount of Each Receipt this Period

5000.00

☐ Memo Item
CONTRIBUTION

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

C. GRANGE, GORDON, , ,

Mailing Address 1765 E 1050 N

City
HEBER CITYState
UTZip Code
84032-3405FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF EMPLOYEDOccupation (for Individual)
IRONWORKER

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
01 / 20 / 2020

Transaction ID : SA11A.1887447

Amount of Each Receipt this Period

300.00

☐ Memo Item
CONTRIBUTION

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

5640.00

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

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Committee To Defend The President

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

A. GRASTY, JACK, S., MR.,

Mailing Address 117 9TH ST

City
NEW SMYRNA BEACH

State
FL

Zip Code
32168-7721

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 / D D / Y Y Y Y Y
01 / 27 / 2020

Transaction ID : SA11A.1888653

Amount of Each Receipt this Period

500.00

☐ Memo Item
CONTRIBUTION

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

B. GREANEY, JOHN, , ,

Mailing Address P.O. BOX 66

City
FLORA VISTA

State
NM

Zip Code
87415-0066

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
AEM

Occupation (for Individual)
MGT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
01 / 30 / 2020

Transaction ID : SA11A.1910728

Amount of Each Receipt this Period

250.00

☐ Memo Item
CONTRIBUTION

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

C. GREENBERG, JUDY, , MS.,

Mailing Address 3416 COLUMBUS AVE RM 222

City
SANDUSKY

State
OH

Zip Code
44870-5557

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
01 / 09 / 2020

Transaction ID : SA11A.1886288

Amount of Each Receipt this Period

300.00

☐ Memo Item
CONTRIBUTION

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

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

1050.00

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

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

FOR LINE NUMBER: PAGE 63 OF 237

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Committee To Defend The President

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

A. HAGADONE, LOLA, , MS.,

Mailing Address P.O. BOX 6200

City
COEUR D ALENE

State
ID

Zip Code
83816-1937

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
01 / 06 / 2020

Transaction ID : SA11A.1884440

Amount of Each Receipt this Period

250.00

☐ Memo Item
CONTRIBUTION

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

B. HALAVAIS, PATRICIA, L., MS,

Mailing Address 4790 CAUGHLIN PKWY UNIT 242

City
RENO

State
NV

Zip Code
89519-0907

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 ▼

2700.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 15 / 2020

Transaction ID : SA11A.1886483

Amount of Each Receipt this Period

2700.00

☐ Memo Item
CONTRIBUTION

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

C. HANCOCK, JAMES, M., MR., JR.

Mailing Address 12330 SCARCELLA LANE

City
MEADOWS PLACE

State
TX

Zip Code
77477-1610

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 ▼

216.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 03 / 2020

Transaction ID : SA11A.1893386

Amount of Each Receipt this Period

58.00

☐ Memo Item
CONTRIBUTION

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

3008.00

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

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Committee To Defend The President

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

A. HANCOCK, JAMES, M., MR., JR.

Mailing Address 12330 SCARCELLA LANE

City
MEADOWS PLACE

State
TX

Zip Code
77477-1610

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 ▼

216.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
01 / 14 / 2020

Transaction ID : SA11A.1902039

Amount of Each Receipt this Period

56.00

☐ Memo Item
CONTRIBUTION

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

B. HANCOCK, JAMES, M., MR., JR.

Mailing Address 12330 SCARCELLA LANE

City
MEADOWS PLACE

State
TX

Zip Code
77477-1610

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 ▼

216.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
01 / 23 / 2020

Transaction ID : SA11A.1905596

Amount of Each Receipt this Period

58.00

☐ Memo Item
CONTRIBUTION

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

C. HANCOCK, JAMES, M., MR., JR.

Mailing Address 12330 SCARCELLA LANE

City
MEADOWS PLACE

State
TX

Zip Code
77477-1610

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 ▼

216.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
01 / 29 / 2020

Transaction ID : SA11A.1910846

Amount of Each Receipt this Period

44.00

☐ Memo Item
CONTRIBUTION

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

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

158.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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 Defend The President

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

A. HANNI, BLAKE, , MR,

Mailing Address 4329 CASA BONITA DR

City
FARMINGTONState
NMZip Code
87401-4021FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
GENERAL MANAGER CAR DEALERSHIPOccupation (for Individual)
SELF EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M	D D	Y Y Y Y
01	16	2020

Transaction ID : SA11A.1887128

Amount of Each Receipt this Period

300.00

☐ Memo Item
CONTRIBUTION

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

B. HARTLEY, DANNY, , ,

Mailing Address 104 WINDING WAY

City
RED OAKState
TXZip Code
75154-5636FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
JC PENNEYOccupation (for Individual)
PROGRAMMER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	D D	Y Y Y Y
01	09	2020

Transaction ID : SA11A.1897244

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

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

C. HARTLEY, DANNY, , ,

Mailing Address 104 WINDING WAY

City
RED OAKState
TXZip Code
75154-5636FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
JC PENNEYOccupation (for Individual)
PROGRAMMER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	D D	Y Y Y Y
01	30	2020

Transaction ID : SA11A.1910899

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION
SUBTOTAL of Receipts This Page (optional)..... ►

450.00

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 66 OF 237

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Committee To Defend The President

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

A. HARTLEY, DANNY, , ,

Mailing Address 104 WINDING WAY

City
RED OAKState
TXZip Code
75154-5636FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
JC PENNEYOccupation (for Individual)
PROGRAMMER

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
01 / 27 / 2020

Transaction ID : SA11A.1910900

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

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

B. HARTMAN, SARAH, , MRS,

Mailing Address 3219 RANCH PLACE BLVD

City
ZEPHYRHILLSState
FLZip Code
33541-6668FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 28 / 2020

Transaction ID : SA11A.1888941

Amount of Each Receipt this Period

15.00

☐ Memo Item
CONTRIBUTION

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

C. HARTMAN, SARAH, , MRS,

Mailing Address 3219 RANCH PLACE BLVD

City
ZEPHYRHILLSState
FLZip Code
33541-6668FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

265.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 04 / 2020

Transaction ID : SA11A.1893427

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 67 OF 237

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Committee To Defend The President

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

A. HARTMAN, SARAH, , MRS,

Mailing Address 3219 RANCH PLACE BLVD

City
ZEPHYRHILLS

State
FL

Zip Code
33541-6668

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 ▼

265.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 04 / 2020

Transaction ID : SA11A.1893428

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

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

B. HARTMAN, SARAH, , MRS,

Mailing Address 3219 RANCH PLACE BLVD

City
ZEPHYRHILLS

State
FL

Zip Code
33541-6668

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 ▼

265.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 04 / 2020

Transaction ID : SA11A.1893429

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

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

C. HARTMAN, SARAH, , MRS,

Mailing Address 3219 RANCH PLACE BLVD

City
ZEPHYRHILLS

State
FL

Zip Code
33541-6668

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 ▼

265.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 04 / 2020

Transaction ID : SA11A.1893430

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

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

225.00

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

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

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

FOR LINE NUMBER: PAGE 68 OF 237

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Committee To Defend The President

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

A. HASSLER, SUSIE, , ,

Mailing Address 8885 ALFA LANE

City
INVER GROVE HEIGHT

State
MN

Zip Code
55077-3710

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

M M / D D / Y Y Y Y Y Y
01 / 15 / 2020

Transaction ID : SA11A.1902071

Amount of Each Receipt this Period

250.00

☐ Memo Item
CONTRIBUTION

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

B. HASSLER, SUSIE, , ,

Mailing Address 8885 ALFA LANE

City
INVER GROVE HEIGHT

State
MN

Zip Code
55077-3710

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

M M / D D / Y Y Y Y Y Y
01 / 29 / 2020

Transaction ID : SA11A.1910908

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

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

C. HAYES, RAYMOND, , ,

Mailing Address 820 NE FRANKLIN AVE

City
BEND

State
OR

Zip Code
97701-4926

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF EMPLOYED

Occupation (for Individual)
INFORMATION REQUESTED PER BE

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 24 / 2020

Transaction ID : SA11A.1888525

Amount of Each Receipt this Period

225.00

☐ Memo Item
CONTRIBUTION

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

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

575.00

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

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Committee To Defend The President

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

A. HELLMANN, GARY, , ,

Mailing Address 24165 IH10 WEST
 STE 217

City
 SAN ANTONIO

State
 TX

Zip Code
 78257-1160

FEC ID number of contributing
 federal political committee.

C

Name of Employer (for Individual)
 SELF

Occupation (for Individual)
 CONTRACTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 01 / 09 / 2020

Transaction ID : SA11A.1886151

Amount of Each Receipt this Period

500.00

☐ Memo Item
 CONTRIBUTION

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

B. HELSEL, EARL, , ,

Mailing Address 2775 W. MOORESTOWN RD.

City
 LAKE CITY

State
 MI

Zip Code
 49651-9343

FEC ID number of contributing
 federal political committee.

C

Name of Employer (for Individual)
 SELF

Occupation (for Individual)
 TREE FARMER

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
 01 / 17 / 2020

Transaction ID : SA11A.1904141

Amount of Each Receipt this Period

250.00

☐ Memo Item
 CONTRIBUTION

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

C. HENDRICK, THOMAS, , ,

Mailing Address 3601 TWIN LAKES WAY

City
 PLANO

State
 TX

Zip Code
 75093-7538

FEC ID number of contributing
 federal political committee.

C

Name of Employer (for Individual)
 TCH PARTNERS LLC

Occupation (for Individual)
 CONSULTANT

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
 01 / 11 / 2020

Transaction ID : SA11A.1897288

Amount of Each Receipt this Period

250.00

☐ Memo Item
 CONTRIBUTION

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

1000.00

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 70 OF 237

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Committee To Defend The President

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

A. HEUSSER, ROBERT, , ,

Mailing Address 13777 E. WETHERSFIELD RD

City
SCOTTSDALE

State
AZ

Zip Code
85259-2323

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
01 / 23 / 2020

Transaction ID : SA11A.1905700

Amount of Each Receipt this Period

250.00

☐ Memo Item
CONTRIBUTION

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

B. HIGHSMITH, MARILYN, , MS,

Mailing Address 3812 PIPING ROCK LN

City
VIRGINIA BEACH

State
VA

Zip Code
23452-2920

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NORTHROP GRUMMAN

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
01 / 29 / 2020

Transaction ID : SA11A.1889226

Amount of Each Receipt this Period

250.00

☐ Memo Item
CONTRIBUTION

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

C. HILL, GORDON, , ,

Mailing Address 109 PIN OAK FOREST ST

City
SAN ANTONIO

State
TX

Zip Code
78232-2001

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NORTH SAN ANTONIO HEALTHCARE ASSOC

Occupation (for Individual)
DOCTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 29 / 2020

Transaction ID : SA11A.1914610

Amount of Each Receipt this Period

500.00

☐ Memo Item
CONTRIBUTION

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

1000.00

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 71 OF 237

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Committee To Defend The President

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

A. HILL, RONNIE, , MR,

Mailing Address 2310 GARTH RD

City
BAYTOWNState
TXZip Code
77520-2348FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

INFORMATION REQUESTED PER BEST EFFORTS

Occupation (for Individual)

INFORMATION REQUESTED PER BE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 16 / 2020

Transaction ID : SA11A.1887017

Amount of Each Receipt this Period

500.00

☐ Memo Item
CONTRIBUTION

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

B. HOPPER, JEAN, , ,

Mailing Address 200 COUNTY ROAD 413

City
FALKNERState
MSZip Code
38629-9333FEC 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
01 / 15 / 2020

Transaction ID : SA11A.1886872

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

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

C. HOPPER, JEAN, , ,

Mailing Address 200 COUNTY ROAD 413

City
FALKNERState
MSZip Code
38629-9333FEC 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
01 / 28 / 2020

Transaction ID : SA11A.1888971

Amount of Each Receipt this Period

200.00

☐ Memo Item
CONTRIBUTION

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

800.00

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

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Committee To Defend The President

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

A. HORST, LARRY, , ,

Mailing Address 1333 HUNSICKER ROAD

City
LANCASTER

State
PA

Zip Code
17601-5345

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
TECNO POULTRY SYSTEMS

Occupation (for Individual)
SALES/ COMPANY OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 24 / 2020

Transaction ID : SA11A.1908942

Amount of Each Receipt this Period

500.00

☐ Memo Item
CONTRIBUTION

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

B. HOYT, GAYLORD, , ,

Mailing Address 5830 OSO PARKWAY

City
CORPUS CHRISTI

State
TX

Zip Code
78414-6046

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 / D D / Y Y Y Y Y Y
01 / 31 / 2020

Transaction ID : SA11A.1890161

Amount of Each Receipt this Period

500.00

☐ Memo Item
CONTRIBUTION

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

C. HURLBURT, TERRY, , ,

Mailing Address 308 CARRIAGE CREEK LANE

City
FRIENDSWOOD

State
TX

Zip Code
77546-5168

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 / D D / Y Y Y Y Y Y
01 / 30 / 2020

Transaction ID : SA11A.1915577

Amount of Each Receipt this Period

250.00

☐ Memo Item
CONTRIBUTION

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

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

1250.00

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 73 OF 237

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Committee To Defend The President

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

A. HURLBURT, TERRY, , ,

Mailing Address 308 CARRIAGE CREEK LANE

City
FRIENDSWOODState
TXZip Code
77546-5168FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
01 / 31 / 2020

Transaction ID : SA11A.1915578

Amount of Each Receipt this Period

250.00

☐ Memo Item
CONTRIBUTION

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

B. HURT, JEFFREY, , ,

Mailing Address 250 CAMDEN LANE

City
AURORAState
OHZip Code
44202-8581FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
IBS, LLCOccupation (for Individual)
PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
01 / 27 / 2020

Transaction ID : SA11A.1911140

Amount of Each Receipt this Period

250.00

☐ Memo Item
CONTRIBUTION

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

C. INGLIS, NIKOULA, , ,

Mailing Address 2369 CAPE ARBOR DR.

City
VIRGINIA BEACHState
VAZip Code
23451-1531FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
LONG AND FOSTEROccupation (for Individual)
REAL ESTATE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
01 / 13 / 2020

Transaction ID : SA11A.1902190

Amount of Each Receipt this Period

500.00

☐ Memo Item
CONTRIBUTION

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

1000.00

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 74 OF 237

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Committee To Defend The President

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

A. IORIO, MICHAEL, , ,

Mailing Address 31 AZALEA COURT

City
LAWRENCE TOWNSHIP

State
NJ

Zip Code
08648-4815

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 ▼

228.75

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 06 / 2020

Transaction ID : SA11A.1897469

Amount of Each Receipt this Period

12.50

☐ Memo Item
CONTRIBUTION

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

B. IORIO, MICHAEL, , ,

Mailing Address 31 AZALEA COURT

City
LAWRENCE TOWNSHIP

State
NJ

Zip Code
08648-4815

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 ▼

228.75

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 12 / 2020

Transaction ID : SA11A.1897470

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

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

C. IORIO, MICHAEL, , ,

Mailing Address 31 AZALEA COURT

City
LAWRENCE TOWNSHIP

State
NJ

Zip Code
08648-4815

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 ▼

228.75

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 06 / 2020

Transaction ID : SA11A.1897471

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

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

112.50

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

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Committee To Defend The President

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

A. IORIO, MICHAEL, , ,

Mailing Address 31 AZALEA COURT

City
LAWRENCE TOWNSHIP

State
NJ

Zip Code
08648-4815

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 ▼

228.75

Date of Receipt

M M / D D / Y Y Y Y Y
01 / 13 / 2020

Transaction ID : SA11A.1902194

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

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

B. IORIO, MICHAEL, , ,

Mailing Address 31 AZALEA COURT

City
LAWRENCE TOWNSHIP

State
NJ

Zip Code
08648-4815

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 ▼

228.75

Date of Receipt

M M / D D / Y Y Y Y Y
01 / 14 / 2020

Transaction ID : SA11A.1903804

Amount of Each Receipt this Period

6.25

☐ Memo Item
CONTRIBUTION

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

C. IORIO, MICHAEL, , ,

Mailing Address 31 AZALEA COURT

City
LAWRENCE TOWNSHIP

State
NJ

Zip Code
08648-4815

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 ▼

228.75

Date of Receipt

M M / D D / Y Y Y Y Y
01 / 14 / 2020

Transaction ID : SA11A.1903806

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

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

56.25

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
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Committee To Defend The President

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

A. IORIO, MICHAEL, , ,

Mailing Address 31 AZALEA COURT

City
LAWRENCE TOWNSHIP

State
NJ

Zip Code
08648-4815

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 ▼

228.75

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 24 / 2020

Transaction ID : SA11A.1905834

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

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

B. IORIO, MICHAEL, , ,

Mailing Address 31 AZALEA COURT

City
LAWRENCE TOWNSHIP

State
NJ

Zip Code
08648-4815

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 ▼

228.75

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 27 / 2020

Transaction ID : SA11A.1911160

Amount of Each Receipt this Period

35.00

☐ Memo Item
CONTRIBUTION

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

C. JENKINS, NORMAN, , ,

Mailing Address 6886 CODY TRAIL

City
PARK CITY

State
UT

Zip Code
84098-6360

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
MASTER LEASE PLAN

Occupation (for Individual)
LEASE & SALES

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
01 / 11 / 2020

Transaction ID : SA11A.1897509

Amount of Each Receipt this Period

250.00

☐ Memo Item
CONTRIBUTION

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

310.00

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 77 OF 237

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Committee To Defend The President

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

A. JENKS, CHARLES, , ,

Mailing Address 800 DILIGENCE DRIVE
STE 100

City
NEWPORT NEWS

State
VA

Zip Code
23606-4490

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF

Occupation (for Individual)
WEALTH ADVISOR

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
01 / 06 / 2020

Transaction ID : SA11A.1900850

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

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

B. JENKS, CHARLES, , ,

Mailing Address 800 DILIGENCE DRIVE
STE 100

City
NEWPORT NEWS

State
VA

Zip Code
23606-4490

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF

Occupation (for Individual)
WEALTH ADVISOR

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
01 / 26 / 2020

Transaction ID : SA11A.1908909

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

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

C. JENKS, CHARLES, , ,

Mailing Address 800 DILIGENCE DRIVE
STE 100

City
NEWPORT NEWS

State
VA

Zip Code
23606-4490

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF

Occupation (for Individual)
WEALTH ADVISOR

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
01 / 29 / 2020

Transaction ID : SA11A.1911206

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

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

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

300.00

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

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

FOR LINE NUMBER: PAGE 78 OF 237

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Committee To Defend The President

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

A. JIMENEZ, LARRY, , MR,

Mailing Address P.O. BOX 3089

City
PLANT CITYState
FLZip Code
33563-0001FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
STAR DISTRIBUTION SYSTEMS, INCOccupation (for Individual)
SELF EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
01 / 09 / 2020

Transaction ID : SA11A.1886143

Amount of Each Receipt this Period

500.00

☐ Memo Item
CONTRIBUTION

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

B. JOHNSON, CHARLES, R., ,

Mailing Address 1447 OGDEN ST

City
KLAMATH FALLSState
ORZip Code
97603-4001FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
INFORMATION REQUESTED PER BEST EFFORTSOccupation (for Individual)
SALES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
01 / 30 / 2020

Transaction ID : SA11A.1889599

Amount of Each Receipt this Period

250.00

☐ Memo Item
CONTRIBUTION

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

C. JOHNSON, EDWARD, , ,

Mailing Address 28082 OAKLANDS CIRCLE

City
EASTONState
MDZip Code
21601-8264FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (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
01 / 21 / 2020

Transaction ID : SA11A.1905894

Amount of Each Receipt this Period

250.00

☐ Memo Item
CONTRIBUTION

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

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

1000.00

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

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

FOR LINE NUMBER: PAGE 79 OF 237

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Committee To Defend The President

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

A. JOHNSON, HAROLD, , ,

Mailing Address 3624 W. VICKERY BLVD

City
FORT WORTHState
TXZip Code
76107-5620FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (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
01 / 31 / 2020

Transaction ID : SA11A.1890123

Amount of Each Receipt this Period

250.00

☐ Memo Item
CONTRIBUTION

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

B. JOSEPH, LISA, , MS,

Mailing Address 1302 CAMBRIDGE ST

City
JOPLINState
MOZip Code
64801-9500FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF EMPLOYEDOccupation (for Individual)
INFORMATION REQUESTED PER BE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

381.25

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 16 / 2020

Transaction ID : SA11A.1887142

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

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

C. JOSEPH, LISA, , MS,

Mailing Address 1302 CAMBRIDGE ST

City
JOPLINState
MOZip Code
64801-9500FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF EMPLOYEDOccupation (for Individual)
INFORMATION REQUESTED PER BE

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

381.25

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 23 / 2020

Transaction ID : SA11A.1888003

Amount of Each Receipt this Period

150.00

☐ Memo Item
CONTRIBUTION

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

500.00

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 80 OF 237

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Committee To Defend The President

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

A. JOSEPH, LISA, , MS,

Mailing Address 1302 CAMBRIDGE ST

City
JOPLINState
MOZip Code
64801-9500FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

SELF EMPLOYED

Occupation (for Individual)

INFORMATION REQUESTED PER BE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

381.25

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 17 / 2020

Transaction ID : SA11A.1902278

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

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

B. JOSEPH, LISA, , MS,

Mailing Address 1302 CAMBRIDGE ST

City
JOPLINState
MOZip Code
64801-9500FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

SELF EMPLOYED

Occupation (for Individual)

INFORMATION REQUESTED PER BE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

381.25

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 29 / 2020

Transaction ID : SA11A.1911287

Amount of Each Receipt this Period

6.25

☐ Memo Item
CONTRIBUTION

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

C. JOSEPH, LISA, , MS,

Mailing Address 1302 CAMBRIDGE ST

City
JOPLINState
MOZip Code
64801-9500FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

SELF EMPLOYED

Occupation (for Individual)

INFORMATION REQUESTED PER BE

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

381.25

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 29 / 2020

Transaction ID : SA11A.1911288

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

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

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

131.25

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

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

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Committee To Defend The President

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

A. KAUFMAN, GARY, , MR,

Mailing Address 4 PARK AVE

FRNT 5

City
NEW YORK

State
NY

Zip Code
10016-5339

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF EMPLOYED

Occupation (for Individual)
LAWYER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

MM / DD / YYYY
01 / 28 / 2020

Transaction ID : SA11A.1888784

Amount of Each Receipt this Period

750.00

☐ Memo Item
CONTRIBUTION

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

B. KAVONIAN, GARY, , ,

Mailing Address 1625 BILLY CASPER DR.

City
EL PASO

State
TX

Zip Code
79936-4627

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF

Occupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

MM / DD / YYYY
01 / 08 / 2020

Transaction ID : SA11A.1897606

Amount of Each Receipt this Period

5.00

☐ Memo Item
CONTRIBUTION

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

C. KAVONIAN, GARY, , ,

Mailing Address 1625 BILLY CASPER DR.

City
EL PASO

State
TX

Zip Code
79936-4627

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF

Occupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

380.00

Date of Receipt

MM / DD / YYYY
01 / 14 / 2020

Transaction ID : SA11A.1902298

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

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

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

780.00

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

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Committee To Defend The President

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

A. KAVONIAN, GARY, , ,

Mailing Address 1625 BILLY CASPER DR.

City
EL PASO

State
TX

Zip Code
79936-4627

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF

Occupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y Y
01 / 17 / 2020

Transaction ID : SA11A.1902299

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

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

B. KAVONIAN, GARY, , ,

Mailing Address 1625 BILLY CASPER DR.

City
EL PASO

State
TX

Zip Code
79936-4627

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF

Occupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y Y
01 / 26 / 2020

Transaction ID : SA11A.1905948

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

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

C. KAVONIAN, GARY, , ,

Mailing Address 1625 BILLY CASPER DR.

City
EL PASO

State
TX

Zip Code
79936-4627

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF

Occupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y Y
01 / 25 / 2020

Transaction ID : SA11A.1905949

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

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

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

200.00

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

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

FOR LINE NUMBER: PAGE 83 OF 237

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Committee To Defend The President

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

A. KAVONIAN, GARY, , ,

Mailing Address 1625 BILLY CASPER DR.

City
EL PASO

State
TX

Zip Code
79936-4627

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF

Occupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y Y
01 / 30 / 2020

Transaction ID : SA11A.1911324

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

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

B. KAVONIAN, GARY, , ,

Mailing Address 1625 BILLY CASPER DR.

City
EL PASO

State
TX

Zip Code
79936-4627

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF

Occupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y Y
01 / 30 / 2020

Transaction ID : SA11A.1911325

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

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

C. KEHRT, MARGARET, , ,

Mailing Address 38 STONEWOOD CREEK CT

City
DALLAS

State
GA

Zip Code
30132-9311

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 ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y
01 / 03 / 2020

Transaction ID : SA11A.1893709

Amount of Each Receipt this Period

3.75

☐ Memo Item
CONTRIBUTION

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

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

153.75

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

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

FOR LINE NUMBER: PAGE 84 OF 237

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Committee To Defend The President

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

A. KEHRT, MARGARET, , ,

Mailing Address 38 STONEWOOD CREEK CT

City
DALLASState
GAZip Code
30132-9311FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y
01 / 03 / 2020

Transaction ID : SA11A.1893710

Amount of Each Receipt this Period

15.00

☐ Memo Item
CONTRIBUTION

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

B. KEHRT, MARGARET, , ,

Mailing Address 38 STONEWOOD CREEK CT

City
DALLASState
GAZip Code
30132-9311FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y
01 / 04 / 2020

Transaction ID : SA11A.1893711

Amount of Each Receipt this Period

35.00

☐ Memo Item
CONTRIBUTION

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

C. KEHRT, MARGARET, , ,

Mailing Address 38 STONEWOOD CREEK CT

City
DALLASState
GAZip Code
30132-9311FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y
01 / 15 / 2020

Transaction ID : SA11A.1902305

Amount of Each Receipt this Period

6.25

☐ Memo Item
CONTRIBUTION

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

56.25

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 85 OF 237

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Committee To Defend The President

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

A. KEHRT, MARGARET, , ,

Mailing Address 38 STONEWOOD CREEK CT

City
DALLASState
GAZip Code
30132-9311FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 15 / 2020

Transaction ID : SA11A.1902306

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

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

B. KEHRT, MARGARET, , ,

Mailing Address 38 STONEWOOD CREEK CT

City
DALLASState
GAZip Code
30132-9311FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 23 / 2020

Transaction ID : SA11A.1905959

Amount of Each Receipt this Period

35.00

☐ Memo Item
CONTRIBUTION

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

C. KEHRT, MARGARET, , ,

Mailing Address 38 STONEWOOD CREEK CT

City
DALLASState
GAZip Code
30132-9311FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 25 / 2020

Transaction ID : SA11A.1905960

Amount of Each Receipt this Period

35.00

☐ Memo Item
CONTRIBUTION

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

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

95.00

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

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

FOR LINE NUMBER: PAGE 86 OF 237

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Committee To Defend The President

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

A. KEHRT, MARGARET, , ,

Mailing Address 38 STONEWOOD CREEK CT

City
DALLAS

State
GA

Zip Code
30132-9311

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 ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y
01 / 25 / 2020

Transaction ID : SA11A.1905961

Amount of Each Receipt this Period

35.00

☐ Memo Item
CONTRIBUTION

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

B. KEHRT, MARGARET, , ,

Mailing Address 38 STONEWOOD CREEK CT

City
DALLAS

State
GA

Zip Code
30132-9311

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 ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y
01 / 26 / 2020

Transaction ID : SA11A.1905962

Amount of Each Receipt this Period

35.00

☐ Memo Item
CONTRIBUTION

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

C. KEHRT, MARGARET, , ,

Mailing Address 38 STONEWOOD CREEK CT

City
DALLAS

State
GA

Zip Code
30132-9311

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 ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y
01 / 29 / 2020

Transaction ID : SA11A.1911342

Amount of Each Receipt this Period

35.00

☐ Memo Item
CONTRIBUTION

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

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

105.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 87 OF 237
(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
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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 Defend The President

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

A. KEINATH, WARREN, C., ,

Mailing Address 24 RAVENS POINTE DR.

City
LAKE SAINT LOUISState
MOZip Code
63367-2238FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y Y
01	/	03	/	2020

Transaction ID : SA11A.1893712

Amount of Each Receipt this Period

250.00

☐ Memo Item
CONTRIBUTION

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

B. KEINATH, WARREN, C., ,

Mailing Address 24 RAVENS POINTE DR.

City
LAKE SAINT LOUISState
MOZip Code
63367-2238FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y Y
01	/	08	/	2020

Transaction ID : SA11A.1897620

Amount of Each Receipt this Period

250.00

☐ Memo Item
CONTRIBUTION

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

C. KEINATH, WARREN, C., ,

Mailing Address 24 RAVENS POINTE DR.

City
LAKE SAINT LOUISState
MOZip Code
63367-2238FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y Y
01	/	29	/	2020

Transaction ID : SA11A.1911345

Amount of Each Receipt this Period

250.00

☐ Memo Item
CONTRIBUTION

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

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

750.00

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

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

FOR LINE NUMBER: PAGE 88 OF 237

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Committee To Defend The President

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

A. KEIP, DEE ANN, , ,

Mailing Address 305 2ND AVE

City
NEW YORK

State
NY

Zip Code
10003-2739

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
U.S. INTERACTIVE REAL ESTATE LLC

Occupation (for Individual)
PRESIDENT/BROKER

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
01 / 31 / 2020

Transaction ID : SA11A.1916782

Amount of Each Receipt this Period

250.00

☐ Memo Item
CONTRIBUTION

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

B. KELSEY, COLLEEN, , ,

Mailing Address 147 NTH 47TH AVE

City
RIDGEFIELD

State
WA

Zip Code
98642-

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
ALPHATEK SPECIALTY PRODUCTS, INC.

Occupation (for Individual)
BUSINESS OWNER

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
01 / 29 / 2020

Transaction ID : SA11A.1914146

Amount of Each Receipt this Period

250.00

☐ Memo Item
CONTRIBUTION

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

C. KEMMY, ALANA, , ,

Mailing Address 8126 PIMLICO

City
FAIR OAKS RANCH

State
TX

Zip Code
78015-4452

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 ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 30 / 2020

Transaction ID : SA11A.1889681

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

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

550.00

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 89 OF 237

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Committee To Defend The President

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

A. KEMMY, ALANA, , ,

Mailing Address 8126 PIMLICO

City
FAIR OAKS RANCH

State
TX

Zip Code
78015-4452

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 ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y
01 / 06 / 2020

Transaction ID : SA11A.1897634

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

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

B. KEMMY, ALANA, , ,

Mailing Address 8126 PIMLICO

City
FAIR OAKS RANCH

State
TX

Zip Code
78015-4452

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 ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y
01 / 21 / 2020

Transaction ID : SA11A.1905975

Amount of Each Receipt this Period

35.00

☐ Memo Item
CONTRIBUTION

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

C. KEMMY, ALANA, , ,

Mailing Address 8126 PIMLICO

City
FAIR OAKS RANCH

State
TX

Zip Code
78015-4452

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 ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y
01 / 23 / 2020

Transaction ID : SA11A.1905976

Amount of Each Receipt this Period

75.00

☐ Memo Item
CONTRIBUTION

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

160.00

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 90 OF 237

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Committee To Defend The President

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

A. KEMMY, ALANA, , ,

Mailing Address 8126 PIMLICO

City
FAIR OAKS RANCH

State
TX

Zip Code
78015-4452

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 ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 30 / 2020

Transaction ID : SA11A.1911369

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

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

B. KENDELL, GARY, , ,

Mailing Address 4161 W COTTONWOOD RD MT. GREEN

City
MORGAN

State
UT

Zip Code
84050-

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 / D D / Y Y Y Y Y Y
01 / 09 / 2020

Transaction ID : SA11A.1897635

Amount of Each Receipt this Period

500.00

☐ Memo Item
CONTRIBUTION

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

C. KEULEN, FAYETTE, , ,

Mailing Address 7892 CORTE DE LUZ

City
SAN DIEGO

State
CA

Zip Code
92127-2555

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
01 / 28 / 2020

Transaction ID : SA11A.1911385

Amount of Each Receipt this Period

250.00

☐ Memo Item
CONTRIBUTION

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

800.00

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 91 OF 237

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Committee To Defend The President

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

A. KILROY, ANNE, , ,

Mailing Address 34403 CAMINO EL MOLINO

City
CAPISTRANO BEACH

State
CA

Zip Code
92624-1016

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 / D D / Y Y Y Y Y Y
01 / 31 / 2020

Transaction ID : SA11A.1911405

Amount of Each Receipt this Period

500.00

☐ Memo Item
CONTRIBUTION

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

B. KIM, ROBERT, , ,

Mailing Address 14040 SW 131ST TERRACE

City
PORTLAND

State
OR

Zip Code
97224-6106

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
KP INTERNATIONAL

Occupation (for Individual)
OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 17 / 2020

Transaction ID : SA11A.1902326

Amount of Each Receipt this Period

1000.00

☐ Memo Item
CONTRIBUTION

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

C. KLEIN, MICHAEL, , ,

Mailing Address 5220 KLEE MILL ROAD

City
SYKESVILLE

State
MD

Zip Code
21784-9257

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
CAKLEIN & SONS

Occupation (for Individual)
MECHANICAL CONTRACTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 03 / 2020

Transaction ID : SA11A.1893756

Amount of Each Receipt this Period

250.00

☐ Memo Item
CONTRIBUTION

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

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

1750.00

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

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

FOR LINE NUMBER: PAGE 92 OF 237

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Committee To Defend The President

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

A. KLEIN, MICHAEL, , ,

Mailing Address 5220 KLEE MILL ROAD

City
SYKESVILLE

State
MD

Zip Code
21784-9257

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
CAKLEIN & SONS

Occupation (for Individual)
MECHANICAL CONTRACTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 13 / 2020

Transaction ID : SA11A.1902348

Amount of Each Receipt this Period

250.00

☐ Memo Item
CONTRIBUTION

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

B. KOENIG, DUANE, , ,

Mailing Address 13860 W HICKORY RD

City
PLYMOUTH

State
NE

Zip Code
68424-4100

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
01 / 31 / 2020

Transaction ID : SA11A.1911464

Amount of Each Receipt this Period

250.00

☐ Memo Item
CONTRIBUTION

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

C. KOONS, TODD, , ,

Mailing Address 2584 WEYANT ST

City
LEWIS CENTER

State
OH

Zip Code
43035-6922

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
KELLY BMW

Occupation (for Individual)
BMW TECHNICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 29 / 2020

Transaction ID : SA11A.1889209

Amount of Each Receipt this Period

300.00

☐ Memo Item
CONTRIBUTION

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

800.00

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 93 OF 237

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Committee To Defend The President

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

A. KOONS, TODD, , ,

Mailing Address 2584 WEYANT ST

City
LEWIS CENTER

State
OH

Zip Code
43035-6922

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
KELLY BMW

Occupation (for Individual)
BMW TECHNICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 30 / 2020

Transaction ID : SA11A.1914473

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

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

B. KOTSANIS, BEVERLY, , ,

Mailing Address 2260 POOL RD.

City
GRAPEVINE

State
TX

Zip Code
76051-4278

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
KOTSANIS INSTITUTE

Occupation (for Individual)
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 08 / 2020

Transaction ID : SA11A.1897709

Amount of Each Receipt this Period

250.00

☐ Memo Item
CONTRIBUTION

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

C. KOTSANIS, BEVERLY, , ,

Mailing Address 2260 POOL RD.

City
GRAPEVINE

State
TX

Zip Code
76051-4278

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
KOTSANIS INSTITUTE

Occupation (for Individual)
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 30 / 2020

Transaction ID : SA11A.1911487

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

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

400.00

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 94 OF 237

(check only one)

☒ 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 Defend The President

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

A. KRESSEL, RINA, , ,

Mailing Address 1056 5TH AVE
 12B

City
 NEW YORK

State
 NY

Zip Code
 10028-0112

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
 01 / 29 / 2020

Transaction ID : SA11A.1914752

Amount of Each Receipt this Period

250.00

☐ Memo Item
 CONTRIBUTION

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

B. LANG, EDWARD, , ,

Mailing Address 5 ENGEL MAN LANE

City

NARROWSBURG

State

NY

Zip Code

12764-

FEC ID number of contributing
 federal political committee.

C

Name of Employer (for Individual)
 SELF

Occupation (for Individual)
 BUSINESS OWNER

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
 01 / 31 / 2020

Transaction ID : SA11A.1911587

Amount of Each Receipt this Period

250.00

☐ Memo Item
 CONTRIBUTION

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

C. LAUGHARN, SHIRLEY, S., ,

Mailing Address 5068 CALVIN AVE

City

TARZANA

State

CA

Zip Code

91356-4442

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 / D D / Y Y Y Y Y Y
 01 / 29 / 2020

Transaction ID : SA11A.1889475

Amount of Each Receipt this Period

1000.00

☐ Memo Item
 CONTRIBUTION

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

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

1500.00

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 95 OF 237

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Committee To Defend The President

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

A. LAWRENCE, KELLY, , ,

Mailing Address 457 EAST ARROW HIGHWAY

City
AZUSAState
CAZip Code
91702-5615FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
LAWRENCE EQUIPMENT INCOccupation (for Individual)
OWNER

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
01 / 14 / 2020

Transaction ID : SA11A.1902429

Amount of Each Receipt this Period

250.00

☐ Memo Item
CONTRIBUTION

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

B. LE, TUAN, , ,

Mailing Address 1201 S EDDY ST

City
PECOSState
TXZip Code
79772-5807FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
TO NAILOccupation (for Individual)
MANICURE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 07 / 2020

Transaction ID : SA11A.1897819

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

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

C. LE, TUAN, , ,

Mailing Address 1201 S EDDY ST

City
PECOSState
TXZip Code
79772-5807FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
TO NAILOccupation (for Individual)
MANICURE

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 10 / 2020

Transaction ID : SA11A.1897820

Amount of Each Receipt this Period

35.00

☐ Memo Item
CONTRIBUTION

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

310.00

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 96 OF 237

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Committee To Defend The President

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

A. LE, TUAN, , ,

Mailing Address 1201 S EDDY ST

City
PECOS

State
TX

Zip Code
79772-5807

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
TO NAIL

Occupation (for Individual)
MANICURE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 12 / 2020

Transaction ID : SA11A.1897821

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

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

B. LE, TUAN, , ,

Mailing Address 1201 S EDDY ST

City
PECOS

State
TX

Zip Code
79772-5807

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
TO NAIL

Occupation (for Individual)
MANICURE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 10 / 2020

Transaction ID : SA11A.1897822

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

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

C. LE, TUAN, , ,

Mailing Address 1201 S EDDY ST

City
PECOS

State
TX

Zip Code
79772-5807

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
TO NAIL

Occupation (for Individual)
MANICURE

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 15 / 2020

Transaction ID : SA11A.1902436

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 97 OF 237

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Committee To Defend The President

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

A. LE, TUAN, , ,

Mailing Address 1201 S EDDY ST

City
PECOS

State
TX

Zip Code
79772-5807

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
TO NAIL

Occupation (for Individual)
MANICURE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 18 / 2020

Transaction ID : SA11A.1902437

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

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

B. LE, TUAN, , ,

Mailing Address 1201 S EDDY ST

City
PECOS

State
TX

Zip Code
79772-5807

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
TO NAIL

Occupation (for Individual)
MANICURE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 21 / 2020

Transaction ID : SA11A.1906158

Amount of Each Receipt this Period

35.00

☐ Memo Item
CONTRIBUTION

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

C. LE, TUAN, , ,

Mailing Address 1201 S EDDY ST

City
PECOS

State
TX

Zip Code
79772-5807

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
TO NAIL

Occupation (for Individual)
MANICURE

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 24 / 2020

Transaction ID : SA11A.1906159

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

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

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

135.00

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

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

FOR LINE NUMBER: PAGE 98 OF 237

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

The Committee To Defend The President

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

A. LE, TUAN, , ,

Mailing Address 1201 S EDDY ST

City
PECOSState
TXZip Code
79772-5807FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
TO NAILOccupation (for Individual)
MANICURE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 27 / 2020

Transaction ID : SA11A.1911635

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

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

B. LE, TUAN, , ,

Mailing Address 1201 S EDDY ST

City
PECOSState
TXZip Code
79772-5807FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
TO NAILOccupation (for Individual)
MANICURE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 29 / 2020

Transaction ID : SA11A.1911636

Amount of Each Receipt this Period

75.00

☐ Memo Item
CONTRIBUTION

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

C. LE, TUAN, , ,

Mailing Address 1201 S EDDY ST

City
PECOSState
TXZip Code
79772-5807FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
TO NAILOccupation (for Individual)
MANICURE

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 31 / 2020

Transaction ID : SA11A.1916769

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

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

175.00

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

The Committee To Defend The President

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

A. LEE, ABBY, , ,

Mailing Address 3038 SCHOLARSHIP

City
IRVINEState
CAZip Code
92612-4420FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 04 / 2020

Transaction ID : SA11A.1893859

Amount of Each Receipt this Period

500.00

☐ Memo Item
CONTRIBUTION

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

B. LEWIS, JENNY, , ,

Mailing Address 3197 HARVEST MOON DRIVE

City

PALM HARBOR

State

FL

Zip Code

34683-2125

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
FISOccupation (for Individual)
PRODUCT MANAGEMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 04 / 2020

Transaction ID : SA11A.1893877

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

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

C. LEWIS, JENNY, , ,

Mailing Address 3197 HARVEST MOON DRIVE

City

PALM HARBOR

State

FL

Zip Code

34683-2125

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
FISOccupation (for Individual)
PRODUCT MANAGEMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 06 / 2020

Transaction ID : SA11A.1897883

Amount of Each Receipt this Period

35.00

☐ Memo Item
CONTRIBUTION

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

560.00

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

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

Use separate schedule(s)
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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

The Committee To Defend The President

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

A. LEWIS, JENNY, , ,

Mailing Address 3197 HARVEST MOON DRIVE

City
PALM HARBOR

State
FL

Zip Code
34683-2125

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
FIS

Occupation (for Individual)
PRODUCT MANAGEMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 10 / 2020

Transaction ID : SA11A.1897884

Amount of Each Receipt this Period

35.00

☐ Memo Item
CONTRIBUTION

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

B. LEWIS, JENNY, , ,

Mailing Address 3197 HARVEST MOON DRIVE

City
PALM HARBOR

State
FL

Zip Code
34683-2125

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
FIS

Occupation (for Individual)
PRODUCT MANAGEMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 13 / 2020

Transaction ID : SA11A.1902466

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

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

C. LEWIS, JENNY, , ,

Mailing Address 3197 HARVEST MOON DRIVE

City
PALM HARBOR

State
FL

Zip Code
34683-2125

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
FIS

Occupation (for Individual)
PRODUCT MANAGEMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 15 / 2020

Transaction ID : SA11A.1902467

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

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

85.00

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

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

Use separate schedule(s)
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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

The Committee To Defend The President

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

A. LEWIS, JENNY, , ,

Mailing Address 3197 HARVEST MOON DRIVE

City

PALM HARBOR

State

FL

Zip Code

34683-2125

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

FIS

Occupation (for Individual)

PRODUCT MANAGEMENT

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 23 / 2020

Transaction ID : SA11A.1906200

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

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

B. LEWIS, JENNY, , ,

Mailing Address 3197 HARVEST MOON DRIVE

City

PALM HARBOR

State

FL

Zip Code

34683-2125

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

FIS

Occupation (for Individual)

PRODUCT MANAGEMENT

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 24 / 2020

Transaction ID : SA11A.1906201

Amount of Each Receipt this Period

35.00

☐ Memo Item
CONTRIBUTION

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

C. LEWIS, JENNY, , ,

Mailing Address 3197 HARVEST MOON DRIVE

City

PALM HARBOR

State

FL

Zip Code

34683-2125

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

FIS

Occupation (for Individual)

PRODUCT MANAGEMENT

Receipt For:

☐ Primary
☐ Other (specify)

General

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 30 / 2020

Transaction ID : SA11A.1911682

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

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

85.00

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 102 OF 237

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Committee To Defend The President

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

A. LINCOLN, ROD, , MR.,

Mailing Address 39145 PRETTY POND RD

City
ZEPHYRHILLS

State
FL

Zip Code
33540-1532

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
ROMEO LINCOLN INC

Occupation (for Individual)
RESTAURANT FOOD SERVICES

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
01 / 31 / 2020

Transaction ID : SA11A.1890125

Amount of Each Receipt this Period

300.00

☐ Memo Item
CONTRIBUTION

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

B. LIPSEY, SUZANNE, H., ,

Mailing Address P.O. BOX 7795

City
AVON

State
CO

Zip Code
81620-7795

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
01 / 25 / 2020

Transaction ID : SA11A.1906225

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

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

C. LIPSEY, SUZANNE, H., ,

Mailing Address P.O. BOX 7795

City
AVON

State
CO

Zip Code
81620-7795

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
01 / 27 / 2020

Transaction ID : SA11A.1911708

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

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

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

450.00

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Committee To Defend The President

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

A. LIPSEY, SUZANNE, H., ,

Mailing Address P.O. BOX 7795

City
AVON

State
CO

Zip Code
81620-7795

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
01 / 28 / 2020

Transaction ID : SA11A.1911709

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

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

B. LODGE, JOHN, , ,

Mailing Address P.O. BOX 96589

City
HOUSTON

State
TX

Zip Code
77213-6589

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
LODGE LUMBER

Occupation (for Individual)
PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 15 / 2020

Transaction ID : SA11A.1886788

Amount of Each Receipt this Period

500.00

☐ Memo Item
CONTRIBUTION

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

C. LOFGREN, THOMAS, , ,

Mailing Address P.O. BOX 1500

City
NAPLES

State
FL

Zip Code
34106-1500

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 / D D / Y Y Y Y Y Y
01 / 29 / 2020

Transaction ID : SA11A.1916842

Amount of Each Receipt this Period

500.00

☐ Memo Item
CONTRIBUTION

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

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

1100.00

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

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NAME OF COMMITTEE (In Full)

The Committee To Defend The President

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

A. LONG, ANN, B., MRS,

Mailing Address 1475 MIDLAND RD
UNIT 1City
SOUTHERN PINESState
NCZip Code
28387-2100FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
01 / 24 / 2020

Transaction ID : SA11A.1888380

Amount of Each Receipt this Period

500.00

☐ Memo Item
CONTRIBUTION

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

B. LONGMIRE, MICHAEL, , ,

Mailing Address P.O. BOX 759

City
WILLCOXState
AZZip Code
85644-0759FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
LONGMIRE WELL SERVICEOccupation (for Individual)
OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
01 / 07 / 2020

Transaction ID : SA11A.1897933

Amount of Each Receipt this Period

500.00

☐ Memo Item
CONTRIBUTION

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

C. LONGMIRE, MICHAEL, , ,

Mailing Address P.O. BOX 759

City
WILLCOXState
AZZip Code
85644-0759FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
LONGMIRE WELL SERVICEOccupation (for Individual)
OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
01 / 24 / 2020

Transaction ID : SA11A.1906249

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

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

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

1100.00

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

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

The Committee To Defend The President

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

A. LUCAS, WADE, , ,

Mailing Address 424 SERENITY POINT DRIVE

City
OKATIEState
SCZip Code
29909-7190FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 30 / 2020

Transaction ID : SA11A.1915797

Amount of Each Receipt this Period

500.00

☐ Memo Item
CONTRIBUTION

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

B. LUNDELL, THOMAS, , MR,

Mailing Address 2892 TRAPPERS TRL

City
LONG LAKEState
MNZip Code
55356-8901FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF EMPLOYEDOccupation (for Individual)
BUSINESS OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 23 / 2020

Transaction ID : SA11A.1906277

Amount of Each Receipt this Period

500.00

☐ Memo Item
CONTRIBUTION

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

C. LUNDQUIST, DAVID, R., ,

Mailing Address 41-980 KAKAINA STREET

City
WAIMANALOState
HIZip Code
96795-1107FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
HH HOLDINGS INCOccupation (for Individual)
EXECUTIVE

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
01 / 30 / 2020

Transaction ID : SA11A.1911785

Amount of Each Receipt this Period

250.00

☐ Memo Item
CONTRIBUTION

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

1250.00

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

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

The Committee To Defend The President

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

A. MAEURER, CARLA, , ,

Mailing Address 4825 S VINE ST

City
ENGLEWOOD

State
CO

Zip Code
80113-7133

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
CERTIFIED SUPPLY

Occupation (for Individual)
EXECUTIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
01 / 13 / 2020

Transaction ID : SA11A.1902529

Amount of Each Receipt this Period

1000.00

☐ Memo Item
CONTRIBUTION

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

B. MAGOWAN, DEBORAH, , ,

Mailing Address 2100 WASHINGTON STREET

City
SAN FRANCISCO

State
CA

Zip Code
94109-2845

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 / D D / Y Y Y Y Y
01 / 24 / 2020

Transaction ID : SA11A.1906305

Amount of Each Receipt this Period

1000.00

☐ Memo Item
CONTRIBUTION

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

C. MAHONEY, DANIEL, , MR,

Mailing Address 32 BENSON POINT CT

City
STONY POINT

State
NY

Zip Code
10980-3024

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF

Occupation (for Individual)
INFORMATION REQUESTED PER BE

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
01 / 15 / 2020

Transaction ID : SA11A.1886457

Amount of Each Receipt this Period

250.00

☐ Memo Item
CONTRIBUTION

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

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

2250.00

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

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NAME OF COMMITTEE (In Full)

The Committee To Defend The President

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

A. MANNOS, STEVEN, , ,

Mailing Address 1530 S STATE STREET
17-NCity
CHICAGOState
ILZip Code
60605-FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
01 / 05 / 2020

Transaction ID : SA11A.1893965

Amount of Each Receipt this Period

500.00

☐ Memo Item
CONTRIBUTION

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

B. MANOSH, NICK, , ,

Mailing Address 433 FERLAND PIT RD

City
MORRISVILLEState
VTZip Code
05661-8753FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N.A. MANOSH, INC.Occupation (for Individual)
OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
01 / 25 / 2020

Transaction ID : SA11A.1906325

Amount of Each Receipt this Period

500.00

☐ Memo Item
CONTRIBUTION

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

C. MARVINE, GARY, , ,

Mailing Address 11601 BROOKWOOD

City
LEAWOODState
KSZip Code
66211-2901FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
MID WEST DISTRIBUTORSOccupation (for Individual)
BEER WHOLESALER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
01 / 14 / 2020

Transaction ID : SA11A.1902574

Amount of Each Receipt this Period

250.00

☐ Memo Item
CONTRIBUTION

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

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

1250.00

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

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NAME OF COMMITTEE (In Full)

The Committee To Defend The President

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

A. MASUCCI, LEONARD, , ,

Mailing Address 261 WEST 35TH ST
SUITE 507

City
NEW YORK

State
NY

Zip Code
10001-1902

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
GSR LOGISTICS LLC

Occupation (for Individual)
BUSINESS

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
01 / 29 / 2020

Transaction ID : SA11A.1914398

Amount of Each Receipt this Period

250.00

☐ Memo Item
CONTRIBUTION

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

B. MCFARLAND, R P, , ,

Mailing Address 4113 MONTICELLO ST SW

City
COVINGTON

State
GA

Zip Code
30014-3544

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
PURE TALK USA

Occupation (for Individual)
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 13 / 2020

Transaction ID : SA11A.1903911

Amount of Each Receipt this Period

500.00

☐ Memo Item
CONTRIBUTION

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

C. MCGEE, ROBERT, , ,

Mailing Address POB 3327

City
LIVERMORE

State
CA

Zip Code
94551-3327

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 ▼

247.50

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 24 / 2020

Transaction ID : SA11A.1888513

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

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

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

800.00

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

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NAME OF COMMITTEE (In Full)

The Committee To Defend The President

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

A. MCGEE, ROBERT, , ,

Mailing Address POB 3327

City
LIVERMOREState
CAZip Code
94551-3327FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

247.50

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 04 / 2020

Transaction ID : SA11A.1894041

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

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

B. MCGEE, ROBERT, , ,

Mailing Address POB 3327

City
LIVERMOREState
CAZip Code
94551-3327FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

247.50

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 10 / 2020

Transaction ID : SA11A.1898146

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

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

C. MCGEE, ROBERT, , ,

Mailing Address POB 3327

City
LIVERMOREState
CAZip Code
94551-3327FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

247.50

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 19 / 2020

Transaction ID : SA11A.1902630

Amount of Each Receipt this Period

35.00

☐ Memo Item
CONTRIBUTION

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

85.00

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

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

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NAME OF COMMITTEE (In Full)

The Committee To Defend The President

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

A. MCGEE, ROBERT, , ,

Mailing Address POB 3327

City
LIVERMORE

State
CA

Zip Code
94551-3327

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 ▼

247.50

Date of Receipt

M M / D D / Y Y Y Y Y
01 / 23 / 2020

Transaction ID : SA11A.1906424

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

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

B. MCGEE, ROBERT, , ,

Mailing Address POB 3327

City
LIVERMORE

State
CA

Zip Code
94551-3327

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 ▼

247.50

Date of Receipt

M M / D D / Y Y Y Y Y
01 / 24 / 2020

Transaction ID : SA11A.1906425

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

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

C. MCGEE, ROBERT, , ,

Mailing Address POB 3327

City
LIVERMORE

State
CA

Zip Code
94551-3327

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 ▼

247.50

Date of Receipt

M M / D D / Y Y Y Y Y
01 / 31 / 2020

Transaction ID : SA11A.1916458

Amount of Each Receipt this Period

6.25

☐ Memo Item
CONTRIBUTION

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

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

56.25

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

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Detailed Summary Page

FOR LINE NUMBER:
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

The Committee To Defend The President

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

A. MCGEE, ROBERT, , ,

Mailing Address POB 3327

City
LIVERMORE

State
CA

Zip Code
94551-3327

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 ▼

247.50

Date of Receipt

M M / D D / Y Y Y Y Y
01 / 31 / 2020

Transaction ID : SA11A.1916459

Amount of Each Receipt this Period

6.25

☐ Memo Item
CONTRIBUTION

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

B. MCGEE, ROBERT, , ,

Mailing Address POB 3327

City
LIVERMORE

State
CA

Zip Code
94551-3327

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 ▼

247.50

Date of Receipt

M M / D D / Y Y Y Y Y
01 / 31 / 2020

Transaction ID : SA11A.1916460

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

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

C. MCGEE, ROBERT, , ,

Mailing Address POB 3327

City
LIVERMORE

State
CA

Zip Code
94551-3327

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 ▼

247.50

Date of Receipt

M M / D D / Y Y Y Y Y
01 / 31 / 2020

Transaction ID : SA11A.1916461

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

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

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

56.25

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

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NAME OF COMMITTEE (In Full)

The Committee To Defend The President

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

A. MCNEIL, JIMMY, , ,

Mailing Address 3 SAN JUAN COURT

City
ODESSA

State
TX

Zip Code
79765-8542

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF

Occupation (for Individual)
RANCHER

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
01 / 28 / 2020

Transaction ID : SA11A.1888976

Amount of Each Receipt this Period

300.00

☐ Memo Item
CONTRIBUTION

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

B. MEDVEDEV, RITA, , ,

Mailing Address 10218 LASAINE AV

City
NORTHRIDGE

State
CA

Zip Code
91325-1512

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
01 / 01 / 2020

Transaction ID : SA11A.1894077

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

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

C. MEDVEDEV, RITA, , ,

Mailing Address 10218 LASAINE AV

City
NORTHRIDGE

State
CA

Zip Code
91325-1512

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
01 / 30 / 2020

Transaction ID : SA11A.1914721

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

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

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

450.00

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

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NAME OF COMMITTEE (In Full)

The Committee To Defend The President

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

A. MEDVEDEV, RITA, , ,

Mailing Address 10218 LASAINE AV

City
NORTHRIDGE

State
CA

Zip Code
91325-1512

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
01 / 30 / 2020

Transaction ID : SA11A.1914722

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

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

B. MEEKER, J WADE, , ,

Mailing Address 6737 FORTUNE RD

City
FORT WORTH

State
TX

Zip Code
76116-7208

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF

Occupation (for Individual)
OIL GAS AND REAL ESTATE

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
01 / 08 / 2020

Transaction ID : SA11A.1898207

Amount of Each Receipt this Period

250.00

☐ Memo Item
CONTRIBUTION

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

C. MEFFORD, DEAN, , ,

Mailing Address P.O. BOX 672

City
EDWARDSVILLE

State
IL

Zip Code
62025-0672

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

M M / D D / Y Y Y Y Y Y
01 / 06 / 2020

Transaction ID : SA11A.1898209

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

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

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

375.00

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

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Committee To Defend The President

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

A. MEFFORD, DEAN, , ,

Mailing Address P.O. BOX 672

City
EDWARDSVILLE

State
IL

Zip Code
62025-0672

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

M M / D D / Y Y Y Y Y
01 / 11 / 2020

Transaction ID : SA11A.1898210

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

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

B. MEFFORD, DEAN, , ,

Mailing Address P.O. BOX 672

City
EDWARDSVILLE

State
IL

Zip Code
62025-0672

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

M M / D D / Y Y Y Y Y
01 / 20 / 2020

Transaction ID : SA11A.1906471

Amount of Each Receipt this Period

5.00

☐ Memo Item
CONTRIBUTION

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

C. MEFFORD, DEAN, , ,

Mailing Address P.O. BOX 672

City
EDWARDSVILLE

State
IL

Zip Code
62025-0672

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

M M / D D / Y Y Y Y Y
01 / 22 / 2020

Transaction ID : SA11A.1906472

Amount of Each Receipt this Period

35.00

☐ Memo Item
CONTRIBUTION

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

65.00

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

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Committee To Defend The President

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

A. MEFFORD, DEAN, , ,

Mailing Address P.O. BOX 672

City
EDWARDSVILLE

State
IL

Zip Code
62025-0672

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

M M / D D / Y Y Y Y Y
01 / 20 / 2020

Transaction ID : SA11A.1906473

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

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

B. MEFFORD, DEAN, , ,

Mailing Address P.O. BOX 672

City
EDWARDSVILLE

State
IL

Zip Code
62025-0672

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

M M / D D / Y Y Y Y Y
01 / 31 / 2020

Transaction ID : SA11A.1912074

Amount of Each Receipt this Period

35.00

☐ Memo Item
CONTRIBUTION

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

C. MEFFORD, DEAN, , ,

Mailing Address P.O. BOX 672

City
EDWARDSVILLE

State
IL

Zip Code
62025-0672

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

M M / D D / Y Y Y Y Y
01 / 30 / 2020

Transaction ID : SA11A.1912075

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

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

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

135.00

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

The Committee To Defend The President

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

A. MERSINI, ARJANI, NICOLA, MR,

Mailing Address 1144 CREST VIEW RD

City
STROUDSBURG

State
PA

Zip Code
18360-9712

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF EMPLOYED

Occupation (for Individual)
BUSINESS OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y Y
01 / 16 / 2020

Transaction ID : SA11A.1886928

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

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

B. MERSINI, ARJANI, NICOLA, MR,

Mailing Address 1144 CREST VIEW RD

City
STROUDSBURG

State
PA

Zip Code
18360-9712

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF EMPLOYED

Occupation (for Individual)
BUSINESS OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y Y
01 / 17 / 2020

Transaction ID : SA11A.1904152

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

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

C. MERSINI, ARJANI, NICOLA, MR,

Mailing Address 1144 CREST VIEW RD

City
STROUDSBURG

State
PA

Zip Code
18360-9712

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF EMPLOYED

Occupation (for Individual)
BUSINESS OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y Y
01 / 29 / 2020

Transaction ID : SA11A.1916642

Amount of Each Receipt this Period

35.00

☐ Memo Item
CONTRIBUTION

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

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

235.00

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

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

The Committee To Defend The President

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

A. MEYER, STAN, , ,

Mailing Address 1319 LAKE SHORE DR.

City
BEATRICEState
NEZip Code
68310-4742FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (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
01 / 07 / 2020

Transaction ID : SA11A.1898242

Amount of Each Receipt this Period

250.00

☐ Memo Item
CONTRIBUTION

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

B. MIDKIFF, THOMAS, , ,

Mailing Address 770 HARBOR BV 1-B

City
DESTINState
FLZip Code
32541-FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 01 / 2020

Transaction ID : SA11A.1894103

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

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

C. MIDKIFF, THOMAS, , ,

Mailing Address 770 HARBOR BV 1-B

City
DESTINState
FLZip Code
32541-FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 18 / 2020

Transaction ID : SA11A.1902690

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

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

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

400.00

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

Use separate schedule(s)
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

The Committee To Defend The President

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

A. MIDKIFF, THOMAS, , ,

Mailing Address 770 HARBOR BV 1-B

City
DESTIN

State
FL

Zip Code
32541-

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 / D D / Y Y Y Y Y
01 / 23 / 2020

Transaction ID : SA11A.1906516

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

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

B. MIDKIFF, THOMAS, , ,

Mailing Address 770 HARBOR BV 1-B

City
DESTIN

State
FL

Zip Code
32541-

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 / D D / Y Y Y Y Y
01 / 24 / 2020

Transaction ID : SA11A.1906517

Amount of Each Receipt this Period

35.00

☐ Memo Item
CONTRIBUTION

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

C. MILLER, JANET, , ,

Mailing Address 880 JOSHUA DRIVE

City
MESQUITE

State
NV

Zip Code
89027-7003

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
01 / 21 / 2020

Transaction ID : SA11A.1906541

Amount of Each Receipt this Period

250.00

☐ Memo Item
CONTRIBUTION

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

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

310.00

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

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Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Committee To Defend The President

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

A. MILLER, PAMELA, , MS,

Mailing Address 316 OLD WEAVER RD

City
ELKINS

State
WV

Zip Code
26241-5308

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF EMPLOYED

Occupation (for Individual)
SOCIAL WORK

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
01 / 24 / 2020

Transaction ID : SA11A.1888553

Amount of Each Receipt this Period

300.00

☐ Memo Item
CONTRIBUTION

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

B. MILLER, SANDI, , ,

Mailing Address 2293 TREANA COURT

City
TULARE

State
CA

Zip Code
93274-0001

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

M M / D D / Y Y Y Y Y Y
01 / 10 / 2020

Transaction ID : SA11A.1898263

Amount of Each Receipt this Period

35.00

☐ Memo Item
CONTRIBUTION

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

C. MILLER, SANDI, , ,

Mailing Address 2293 TREANA COURT

City
TULARE

State
CA

Zip Code
93274-0001

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

M M / D D / Y Y Y Y Y Y
01 / 07 / 2020

Transaction ID : SA11A.1898264

Amount of Each Receipt this Period

35.00

☐ Memo Item
CONTRIBUTION

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

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

370.00

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

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Committee To Defend The President

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

A. MILLER, SANDI, , ,

Mailing Address 2293 TREANA COURT

City
TULAREState
CAZip Code
93274-0001FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 13 / 2020

Transaction ID : SA11A.1902705

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

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

B. MILLER, SANDI, , ,

Mailing Address 2293 TREANA COURT

City
TULAREState
CAZip Code
93274-0001FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 15 / 2020

Transaction ID : SA11A.1902706

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

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

C. MILLER, SANDI, , ,

Mailing Address 2293 TREANA COURT

City
TULAREState
CAZip Code
93274-0001FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 29 / 2020

Transaction ID : SA11A.1912134

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Committee To Defend The President

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

A. MOATS, JOHN, , ,

Mailing Address 16265 SW AUDUBON ST
UNIT 102

City
BEAVERTON

State
OR

Zip Code
97003-7604

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

M M / D D / Y Y Y Y Y Y
01 / 07 / 2020

Transaction ID : SA11A.1900344

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

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

B. MOATS, JOHN, , ,

Mailing Address 16265 SW AUDUBON ST
UNIT 102

City
BEAVERTON

State
OR

Zip Code
97003-7604

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

M M / D D / Y Y Y Y Y Y
01 / 31 / 2020

Transaction ID : SA11A.1915115

Amount of Each Receipt this Period

250.00

☐ Memo Item
CONTRIBUTION

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

C. MONTERO, DEBORAH, , ,

Mailing Address 300 HAYWARD AVE
5U

City
MOUNT VERNON

State
NY

Zip Code
10552-1702

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
PARSONS & WHITEMORE, INC

Occupation (for Individual)
ASSISTANT TREASURER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 25 / 2020

Transaction ID : SA11A.1906579

Amount of Each Receipt this Period

250.00

☐ Memo Item
CONTRIBUTION

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

600.00

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

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

The Committee To Defend The President

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

A. MONTERO, DEBORAH, , ,

Mailing Address 300 HAYWARD AVE
5U

City
MOUNT VERNON

State
NY

Zip Code
10552-1702

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
PARSONS & WHITTEMORE, INC

Occupation (for Individual)
ASSISTANT TREASURER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 29 / 2020

Transaction ID : SA11A.1912193

Amount of Each Receipt this Period

35.00

☐ Memo Item
CONTRIBUTION

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

B. MOORE, METTA, , ,

Mailing Address 250 TREELINE PARK
#1012

City
SAN ANTONIO

State
TX

Zip Code
78209-7404

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 / D D / Y Y Y Y Y Y
01 / 14 / 2020

Transaction ID : SA11A.1902739

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

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

C. MOORE, METTA, , ,

Mailing Address 250 TREELINE PARK
#1012

City
SAN ANTONIO

State
TX

Zip Code
78209-7404

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 / D D / Y Y Y Y Y Y
01 / 27 / 2020

Transaction ID : SA11A.1912202

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

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)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Committee To Defend The President

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

A. MOORE, METTA, , ,

Mailing Address 250 TREELINE PARK
#1012

City
SAN ANTONIO

State
TX

Zip Code
78209-7404

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

01 / 29 / 2020

Transaction ID : SA11A.1912203

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

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

B. MOORE, METTA, , ,

Mailing Address 250 TREELINE PARK
#1012

City
SAN ANTONIO

State
TX

Zip Code
78209-7404

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

01 / 27 / 2020

Transaction ID : SA11A.1912204

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

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

C. MOORE, METTA, , ,

Mailing Address 250 TREELINE PARK
#1012

City
SAN ANTONIO

State
TX

Zip Code
78209-7404

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

01 / 29 / 2020

Transaction ID : SA11A.1912205

Amount of Each Receipt this Period

35.00

☐ Memo Item
CONTRIBUTION

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

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

85.00

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)

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NAME OF COMMITTEE (In Full)

The Committee To Defend The President

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

A. MOORE, METTA, , ,

Mailing Address 250 TREELINE PARK
#1012

City
SAN ANTONIO

State
TX

Zip Code
78209-7404

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 / D D / Y Y Y Y Y Y
01 / 27 / 2020

Transaction ID : SA11A.1912206

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

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

B. MURRAY, CONSTANCE, S., ,

Mailing Address 2967 S ATLANTIC AVE
APT 901

City
DAYTONA BEACH

State
FL

Zip Code
32118-6036

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

M M / D D / Y Y Y Y Y Y
01 / 30 / 2020

Transaction ID : SA11A.1889831

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

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

C. MURRAY, CONSTANCE, S., ,

Mailing Address 2967 S ATLANTIC AVE
APT 901

City
DAYTONA BEACH

State
FL

Zip Code
32118-6036

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

M M / D D / Y Y Y Y Y Y
01 / 11 / 2020

Transaction ID : SA11A.1898395

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

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

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

200.00

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

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

FOR LINE NUMBER: PAGE 125 OF 237

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Committee To Defend The President

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

A. MURRAY, CONSTANCE, S., ,

Mailing Address 2967 S ATLANTIC AVE
APT 901

City
DAYTONA BEACH

State
FL

Zip Code
32118-6036

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

M M / D D / Y Y Y Y Y
01 / 29 / 2020

Transaction ID : SA11A.1912296

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

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

B. MURRAY, CONSTANCE, S., ,

Mailing Address 2967 S ATLANTIC AVE
APT 901

City
DAYTONA BEACH

State
FL

Zip Code
32118-6036

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

M M / D D / Y Y Y Y Y
01 / 31 / 2020

Transaction ID : SA11A.1912297

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

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

C. MURRAY, CONSTANCE, S., ,

Mailing Address 2967 S ATLANTIC AVE
APT 901

City
DAYTONA BEACH

State
FL

Zip Code
32118-6036

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

M M / D D / Y Y Y Y Y
01 / 29 / 2020

Transaction ID : SA11A.1912298

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

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 126 OF 237

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Committee To Defend The President

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

A. MURRAY, CONSTANCE, S., ,

Mailing Address 2967 S ATLANTIC AVE
 APT 901

City
 DAYTONA BEACH

State
 FL

Zip Code
 32118-6036

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

M M / D D / Y Y Y Y Y
 01 / 31 / 2020

Transaction ID : SA11A.1912299

Amount of Each Receipt this Period

50.00

☐ Memo Item
 CONTRIBUTION

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

B. NAIL, MARCELLA, , ,

Mailing Address 4420 NAIL FARM ROAD

City

MELBOURNE

State

FL

Zip Code

32934-8509

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 ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
 01 / 25 / 2020

Transaction ID : SA11A.1906684

Amount of Each Receipt this Period

50.00

☐ Memo Item
 CONTRIBUTION

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

C. NAIL, MARCELLA, , ,

Mailing Address 4420 NAIL FARM ROAD

City

MELBOURNE

State

FL

Zip Code

32934-8509

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 ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
 01 / 26 / 2020

Transaction ID : SA11A.1906685

Amount of Each Receipt this Period

500.00

☐ Memo Item
 CONTRIBUTION

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

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

600.00

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

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

FOR LINE NUMBER: PAGE 127 OF 237

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

The Committee To Defend The President

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

A. NGUYEN, JULIA, , ,

Mailing Address 9630 RICHMOND AVE

City
HOUSTON

State
TX

Zip Code
77063-3732

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
HERMANN HOSPITAL

Occupation (for Individual)
NURSE AIDE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

268.75

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 08 / 2020

Transaction ID : SA11A.1898463

Amount of Each Receipt this Period

12.50

☐ Memo Item
CONTRIBUTION

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

B. NGUYEN, JULIA, , ,

Mailing Address 9630 RICHMOND AVE

City
HOUSTON

State
TX

Zip Code
77063-3732

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
HERMANN HOSPITAL

Occupation (for Individual)
NURSE AIDE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

268.75

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 07 / 2020

Transaction ID : SA11A.1898464

Amount of Each Receipt this Period

18.75

☐ Memo Item
CONTRIBUTION

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

C. NGUYEN, JULIA, , ,

Mailing Address 9630 RICHMOND AVE

City
HOUSTON

State
TX

Zip Code
77063-3732

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
HERMANN HOSPITAL

Occupation (for Individual)
NURSE AIDE

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

268.75

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 08 / 2020

Transaction ID : SA11A.1898465

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

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

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

81.25

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

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

FOR LINE NUMBER: PAGE 128 OF 237

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Committee To Defend The President

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

A. NGUYEN, JULIA, , ,

Mailing Address 9630 RICHMOND AVE

City
HOUSTONState
TXZip Code
77063-3732FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
HERMANN HOSPITALOccupation (for Individual)
NURSE AIDE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

268.75

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 08 / 2020

Transaction ID : SA11A.1898466

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

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

B. NGUYEN, JULIA, , ,

Mailing Address 9630 RICHMOND AVE

City
HOUSTONState
TXZip Code
77063-3732FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
HERMANN HOSPITALOccupation (for Individual)
NURSE AIDE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

268.75

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 07 / 2020

Transaction ID : SA11A.1898467

Amount of Each Receipt this Period

75.00

☐ Memo Item
CONTRIBUTION

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

C. NGUYEN, JULIA, , ,

Mailing Address 9630 RICHMOND AVE

City
HOUSTONState
TXZip Code
77063-3732FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
HERMANN HOSPITALOccupation (for Individual)
NURSE AIDE

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

268.75

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 14 / 2020

Transaction ID : SA11A.1902829

Amount of Each Receipt this Period

12.50

☐ Memo Item
CONTRIBUTION

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

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

137.50

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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

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(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 Defend The President

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

A. NGUYEN, JULIA, , ,

Mailing Address 9630 RICHMOND AVE

City
HOUSTONState
TXZip Code
77063-3732FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
HERMANN HOSPITALOccupation (for Individual)
NURSE AIDE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

268.75

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	14	/	2020

Transaction ID : SA11A.1902831

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

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

B. NORRIS, LARRY, , ,

Mailing Address 25 SUGARMILLS CIRCLE

City
FAIRPORTState
NYZip Code
14450-8710FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
WALMARTOccupation (for Individual)
COURTESY ASSOCIATE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	03	/	2020

Transaction ID : SA11A.1894294

Amount of Each Receipt this Period

1.25

☐ Memo Item
CONTRIBUTION

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

C. NORRIS, LARRY, , ,

Mailing Address 25 SUGARMILLS CIRCLE

City
FAIRPORTState
NYZip Code
14450-8710FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
WALMARTOccupation (for Individual)
COURTESY ASSOCIATE

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	04	/	2020

Transaction ID : SA11A.1894295

Amount of Each Receipt this Period

5.00

☐ Memo Item
CONTRIBUTION

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

56.25

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 130 OF 237

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Committee To Defend The President

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

A. NORRIS, LARRY, , ,

Mailing Address 25 SUGARMILLS CIRCLE

City
FAIRPORT

State
NY

Zip Code
14450-8710

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
WALMART

Occupation (for Individual)
COURTESY ASSOCIATE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 08 / 2020

Transaction ID : SA11A.1898492

Amount of Each Receipt this Period

3.75

☐ Memo Item
CONTRIBUTION

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

B. NORRIS, LARRY, , ,

Mailing Address 25 SUGARMILLS CIRCLE

City
FAIRPORT

State
NY

Zip Code
14450-8710

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
WALMART

Occupation (for Individual)
COURTESY ASSOCIATE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 08 / 2020

Transaction ID : SA11A.1898493

Amount of Each Receipt this Period

3.75

☐ Memo Item
CONTRIBUTION

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

C. NORRIS, LARRY, , ,

Mailing Address 25 SUGARMILLS CIRCLE

City
FAIRPORT

State
NY

Zip Code
14450-8710

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
WALMART

Occupation (for Individual)
COURTESY ASSOCIATE

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 09 / 2020

Transaction ID : SA11A.1898494

Amount of Each Receipt this Period

3.75

☐ Memo Item
CONTRIBUTION

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

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

11.25

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)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Committee To Defend The President

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

A. NORRIS, LARRY, , ,

Mailing Address 25 SUGARMILLS CIRCLE

City
FAIRPORT

State
NY

Zip Code
14450-8710

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
WALMART

Occupation (for Individual)
COURTESY ASSOCIATE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 12 / 2020

Transaction ID : SA11A.1898495

Amount of Each Receipt this Period

15.00

☐ Memo Item
CONTRIBUTION

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

B. NORRIS, LARRY, , ,

Mailing Address 25 SUGARMILLS CIRCLE

City
FAIRPORT

State
NY

Zip Code
14450-8710

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
WALMART

Occupation (for Individual)
COURTESY ASSOCIATE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 08 / 2020

Transaction ID : SA11A.1898496

Amount of Each Receipt this Period

15.00

☐ Memo Item
CONTRIBUTION

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

C. NORRIS, LARRY, , ,

Mailing Address 25 SUGARMILLS CIRCLE

City
FAIRPORT

State
NY

Zip Code
14450-8710

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
WALMART

Occupation (for Individual)
COURTESY ASSOCIATE

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 08 / 2020

Transaction ID : SA11A.1898497

Amount of Each Receipt this Period

15.00

☐ Memo Item
CONTRIBUTION

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

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

45.00

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

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Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

The Committee To Defend The President

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

A. NORRIS, LARRY, , ,

Mailing Address 25 SUGARMILLS CIRCLE

City
FAIRPORTState
NYZip Code
14450-8710FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
WALMARTOccupation (for Individual)
COURTESY ASSOCIATE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 09 / 2020

Transaction ID : SA11A.1898498

Amount of Each Receipt this Period

15.00

☐ Memo Item
CONTRIBUTION

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

B. NORRIS, LARRY, , ,

Mailing Address 25 SUGARMILLS CIRCLE

City
FAIRPORTState
NYZip Code
14450-8710FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
WALMARTOccupation (for Individual)
COURTESY ASSOCIATE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 09 / 2020

Transaction ID : SA11A.1898499

Amount of Each Receipt this Period

15.00

☐ Memo Item
CONTRIBUTION

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

C. NORRIS, LARRY, , ,

Mailing Address 25 SUGARMILLS CIRCLE

City
FAIRPORTState
NYZip Code
14450-8710FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
WALMARTOccupation (for Individual)
COURTESY ASSOCIATE

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 15 / 2020

Transaction ID : SA11A.1902855

Amount of Each Receipt this Period

3.75

☐ Memo Item
CONTRIBUTION

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

33.75

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

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

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NAME OF COMMITTEE (In Full)

The Committee To Defend The President

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

A. NORRIS, LARRY, , ,

Mailing Address 25 SUGARMILLS CIRCLE

City
FAIRPORT

State
NY

Zip Code
14450-8710

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
WALMART

Occupation (for Individual)
COURTESY ASSOCIATE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 13 / 2020

Transaction ID : SA11A.1902856

Amount of Each Receipt this Period

15.00

☐ Memo Item
CONTRIBUTION

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

B. NORRIS, LARRY, , ,

Mailing Address 25 SUGARMILLS CIRCLE

City
FAIRPORT

State
NY

Zip Code
14450-8710

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
WALMART

Occupation (for Individual)
COURTESY ASSOCIATE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 15 / 2020

Transaction ID : SA11A.1902857

Amount of Each Receipt this Period

15.00

☐ Memo Item
CONTRIBUTION

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

C. NORRIS, LARRY, , ,

Mailing Address 25 SUGARMILLS CIRCLE

City
FAIRPORT

State
NY

Zip Code
14450-8710

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
WALMART

Occupation (for Individual)
COURTESY ASSOCIATE

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 13 / 2020

Transaction ID : SA11A.1902859

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

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

55.00

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

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

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for each category of the
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NAME OF COMMITTEE (In Full)

The Committee To Defend The President

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

A. NORRIS, LARRY, , ,

Mailing Address 25 SUGARMILLS CIRCLE

City
FAIRPORT

State
NY

Zip Code
14450-8710

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
WALMART

Occupation (for Individual)
COURTESY ASSOCIATE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 26 / 2020

Transaction ID : SA11A.1906759

Amount of Each Receipt this Period

5.00

☐ Memo Item
CONTRIBUTION

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

B. NORRIS, LARRY, , ,

Mailing Address 25 SUGARMILLS CIRCLE

City
FAIRPORT

State
NY

Zip Code
14450-8710

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
WALMART

Occupation (for Individual)
COURTESY ASSOCIATE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 23 / 2020

Transaction ID : SA11A.1906761

Amount of Each Receipt this Period

8.75

☐ Memo Item
CONTRIBUTION

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

C. NORRIS, LARRY, , ,

Mailing Address 25 SUGARMILLS CIRCLE

City
FAIRPORT

State
NY

Zip Code
14450-8710

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
WALMART

Occupation (for Individual)
COURTESY ASSOCIATE

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 21 / 2020

Transaction ID : SA11A.1906762

Amount of Each Receipt this Period

15.00

☐ Memo Item
CONTRIBUTION

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

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

28.75

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

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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

The Committee To Defend The President

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

A. NORRIS, LARRY, , ,

Mailing Address 25 SUGARMILLS CIRCLE

City
FAIRPORTState
NYZip Code
14450-8710FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
WALMARTOccupation (for Individual)
COURTESY ASSOCIATE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 24 / 2020

Transaction ID : SA11A.1906765

Amount of Each Receipt this Period

35.00

☐ Memo Item
CONTRIBUTION

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

B. NORRIS, LARRY, , ,

Mailing Address 25 SUGARMILLS CIRCLE

City
FAIRPORTState
NYZip Code
14450-8710FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
WALMARTOccupation (for Individual)
COURTESY ASSOCIATE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 29 / 2020

Transaction ID : SA11A.1912394

Amount of Each Receipt this Period

3.75

☐ Memo Item
CONTRIBUTION

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

C. NORRIS, LARRY, , ,

Mailing Address 25 SUGARMILLS CIRCLE

City
FAIRPORTState
NYZip Code
14450-8710FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
WALMARTOccupation (for Individual)
COURTESY ASSOCIATE

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 30 / 2020

Transaction ID : SA11A.1912395

Amount of Each Receipt this Period

6.25

☐ Memo Item
CONTRIBUTION

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

45.00

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

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

The Committee To Defend The President

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

A. NORRIS, LARRY, , ,

Mailing Address 25 SUGARMILLS CIRCLE

City
FAIRPORT

State
NY

Zip Code
14450-8710

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
WALMART

Occupation (for Individual)
COURTESY ASSOCIATE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 28 / 2020

Transaction ID : SA11A.1912396

Amount of Each Receipt this Period

15.00

☐ Memo Item
CONTRIBUTION

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

B. NORRIS, LARRY, , ,

Mailing Address 25 SUGARMILLS CIRCLE

City
FAIRPORT

State
NY

Zip Code
14450-8710

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
WALMART

Occupation (for Individual)
COURTESY ASSOCIATE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 29 / 2020

Transaction ID : SA11A.1912397

Amount of Each Receipt this Period

15.00

☐ Memo Item
CONTRIBUTION

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

C. NORRIS, LARRY, , ,

Mailing Address 25 SUGARMILLS CIRCLE

City
FAIRPORT

State
NY

Zip Code
14450-8710

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
WALMART

Occupation (for Individual)
COURTESY ASSOCIATE

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 30 / 2020

Transaction ID : SA11A.1912398

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

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

55.00

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

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

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NAME OF COMMITTEE (In Full)

The Committee To Defend The President

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

A. OATES HOLT, JUDY, , ,

Mailing Address 511 BLACKHAWK CT

City
LOOMISState
CAZip Code
95650-9458FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (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
01 / 18 / 2020

Transaction ID : SA11A.1902872

Amount of Each Receipt this Period

250.00

☐ Memo Item
CONTRIBUTION

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

B. OKEEFFE, WILLIAM, , ,

Mailing Address 820 LAGUNA HONDA BLVD

City
SAN FRANCISCOState
CAZip Code
94127-1024FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SAFTIOccupation (for Individual)
BUSSINESS MAN

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
01 / 31 / 2020

Transaction ID : SA11A.1912434

Amount of Each Receipt this Period

250.00

☐ Memo Item
CONTRIBUTION

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

C. OLSON, L RAY, , ,

Mailing Address P.O. BOX 9328

City
SALT LAKE CITYState
UTZip Code
84109-0328FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

295.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 05 / 2020

Transaction ID : SA11A.1894324

Amount of Each Receipt this Period

75.00

☐ Memo Item
CONTRIBUTION

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

575.00

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

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

Use separate schedule(s)
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

The Committee To Defend The President

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

A. OLSON, L RAY, , ,

Mailing Address P.O. BOX 9328

City
SALT LAKE CITY

State
UT

Zip Code
84109-0328

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 ▼

295.00

Date of Receipt

01 / 09 / 2020

Transaction ID : SA11A.1898548

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

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

B. OLSON, L RAY, , ,

Mailing Address P.O. BOX 9328

City
SALT LAKE CITY

State
UT

Zip Code
84109-0328

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 ▼

295.00

Date of Receipt

01 / 15 / 2020

Transaction ID : SA11A.1902890

Amount of Each Receipt this Period

35.00

☐ Memo Item
CONTRIBUTION

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

C. OLSON, L RAY, , ,

Mailing Address P.O. BOX 9328

City
SALT LAKE CITY

State
UT

Zip Code
84109-0328

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 ▼

295.00

Date of Receipt

01 / 14 / 2020

Transaction ID : SA11A.1902891

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

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

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

185.00

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

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

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NAME OF COMMITTEE (In Full)

The Committee To Defend The President

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

A. OLSON, L RAY, , ,

Mailing Address P.O. BOX 9328

City
SALT LAKE CITY

State
UT

Zip Code
84109-0328

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 ▼

295.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 27 / 2020

Transaction ID : SA11A.1912445

Amount of Each Receipt this Period

35.00

☐ Memo Item
CONTRIBUTION

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

B. PADGETT, WINFIELD, , ,

Mailing Address 5956 SHERRY LANE
1000

City
DALLAS

State
TX

Zip Code
75225-6519

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 ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 15 / 2020

Transaction ID : SA11A.1886780

Amount of Each Receipt this Period

250.00

☐ Memo Item
CONTRIBUTION

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

C. PADGETT, WINFIELD, , ,

Mailing Address 5956 SHERRY LANE
1000

City
DALLAS

State
TX

Zip Code
75225-6519

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 ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 25 / 2020

Transaction ID : SA11A.1906847

Amount of Each Receipt this Period

500.00

☐ Memo Item
CONTRIBUTION

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

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

785.00

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

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

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NAME OF COMMITTEE (In Full)

The Committee To Defend The President

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

A. PANAGOTACOS, DAPHNE, , ,

Mailing Address 1306 WESTWIND CIRCLE

City

WESTLAKE VILLAGE

State

CA

Zip Code

91361-3407

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

SELF

Occupation (for Individual)

MEDICAL DOCTOR

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 31 / 2020

Transaction ID : SA11A.1916520

Amount of Each Receipt this Period

250.00

☐ Memo Item
CONTRIBUTION

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

B. PARIZZI, PETER, , ,

Mailing Address 14A CHESTNUT ST

City

PENNSVILLE

State

NJ

Zip Code

08070-

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

01 / 26 / 2020

Transaction ID : SA11A.1906874

Amount of Each Receipt this Period

250.00

☐ Memo Item
CONTRIBUTION

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

C. PARK, LINDA, , ,

Mailing Address 3115 KNIGHT RD

City

RENO

State

NV

Zip Code

89509-2223

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

01 / 03 / 2020

Transaction ID : SA11A.1895529

Amount of Each Receipt this Period

250.00

☐ Memo Item
CONTRIBUTION

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

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

750.00

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

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

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Committee To Defend The President

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

A. PARKS, MARTHA, , ,

Mailing Address 221 W LANCASTER AVE
10001

City
ALTO

State
NM

Zip Code
88312-

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 ▼

1550.00

Date of Receipt

M M / D D / Y Y Y Y Y
01 / 02 / 2020

Transaction ID : SA11A.1894363

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

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

B. PARKS, MARTHA, , ,

Mailing Address 221 W LANCASTER AVE
10001

City
ALTO

State
NM

Zip Code
88312-

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 ▼

1550.00

Date of Receipt

M M / D D / Y Y Y Y Y
01 / 13 / 2020

Transaction ID : SA11A.1903898

Amount of Each Receipt this Period

1000.00

☐ Memo Item
CONTRIBUTION

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

C. PARKS, MARTHA, , ,

Mailing Address 221 W LANCASTER AVE
10001

City
ALTO

State
NM

Zip Code
88312-

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 ▼

1550.00

Date of Receipt

M M / D D / Y Y Y Y Y
01 / 30 / 2020

Transaction ID : SA11A.1915341

Amount of Each Receipt this Period

500.00

☐ Memo Item
CONTRIBUTION

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

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

1550.00

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

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

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Committee To Defend The President

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

A. PATAK, ANTHONY, , ,

Mailing Address 622 OWL CREEK DR.

City
POWDER SPRINGS

State
GA

Zip Code
30127-6251

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
01 / 23 / 2020

Transaction ID : SA11A.1887980

Amount of Each Receipt this Period

300.00

☐ Memo Item
CONTRIBUTION

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

B. PATRICKI, PHIL, , MR,

Mailing Address 10328 W DEANNE DR

City
SUN CITY

State
AZ

Zip Code
85351-4408

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
01 / 09 / 2020

Transaction ID : SA11A.1886148

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

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

C. PATRICKI, PHIL, , MR,

Mailing Address 10328 W DEANNE DR

City
SUN CITY

State
AZ

Zip Code
85351-4408

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
01 / 24 / 2020

Transaction ID : SA11A.1888473

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

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

500.00

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
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

The Committee To Defend The President

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

A. PATRICKI, PHIL, , MR,

Mailing Address 10328 W DEANNE DR

City
SUN CITY

State
AZ

Zip Code
85351-4408

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
01 / 30 / 2020

Transaction ID : SA11A.1889668

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

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

B. PAUL, RICHARD, , ,

Mailing Address 39555 ORCHARD HILL PLACE
S 100

City
NOVI

State
MI

Zip Code
48375-5374

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF

Occupation (for Individual)
FINANCIAL CONSULTANT

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
01 / 16 / 2020

Transaction ID : SA11A.1902955

Amount of Each Receipt this Period

250.00

☐ Memo Item
CONTRIBUTION

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

C. PECHENIK, BORIS, , ,

Mailing Address 465 FOREST VALLEY ROAD, NE

City
ATLANTA

State
GA

Zip Code
30342-2354

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SUMMIT ANESTHESIA

Occupation (for Individual)
PHYSICIAN

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
01 / 07 / 2020

Transaction ID : SA11A.1898639

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

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

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

400.00

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

The Committee To Defend The President

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

A. PECHENIK, BORIS, , ,

Mailing Address 465 FOREST VALLEY ROAD, NE

City
ATLANTA

State
GA

Zip Code
30342-2354

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SUMMIT ANESTHESIA

Occupation (for Individual)
PHYSICIAN

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
01 / 21 / 2020

Transaction ID : SA11A.1906903

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

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

B. PECHENIK, BORIS, , ,

Mailing Address 465 FOREST VALLEY ROAD, NE

City
ATLANTA

State
GA

Zip Code
30342-2354

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SUMMIT ANESTHESIA

Occupation (for Individual)
PHYSICIAN

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
01 / 26 / 2020

Transaction ID : SA11A.1906904

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

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

C. PEEDE, LOUIE, F., MR,

Mailing Address 13646 N. TRAVOIS TRAIL

City
PARKER

State
CO

Zip Code
80138-8617

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
01 / 29 / 2020

Transaction ID : SA11A.1889195

Amount of Each Receipt this Period

300.00

☐ Memo Item
CONTRIBUTION

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

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

500.00

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)

The Committee To Defend The President

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

A. PENNY, DAVID, , ,

Mailing Address 4720 BILL SIMMONS

City
COLLEYVILLE

State
TX

Zip Code
76034-4331

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
01 / 30 / 2020

Transaction ID : SA11A.1915869

Amount of Each Receipt this Period

250.00

☐ Memo Item
CONTRIBUTION

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

B. PERRY, LAMAR, , ,

Mailing Address 1397 LENSING LANE

City
LAKE PROVIDENCE

State
LA

Zip Code
71254-5403

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF

Occupation (for Individual)
FARMER/ BUSSINESS OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 14 / 2020

Transaction ID : SA11A.1902975

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

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

C. PERRY, LAMAR, , ,

Mailing Address 1397 LENSING LANE

City
LAKE PROVIDENCE

State
LA

Zip Code
71254-5403

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF

Occupation (for Individual)
FARMER/ BUSSINESS OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 15 / 2020

Transaction ID : SA11A.1902976

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

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

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

450.00

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

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

The Committee To Defend The President

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

A. PERRY, LAMAR, , ,

Mailing Address 1397 LENSING LANE

City
LAKE PROVIDENCE

State
LA

Zip Code
71254-5403

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF

Occupation (for Individual)
FARMER/ BUSSINESS OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 29 / 2020

Transaction ID : SA11A.1912600

Amount of Each Receipt this Period

35.00

☐ Memo Item
CONTRIBUTION

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

B. PORCHETTA, JOSEPH, , ,

Mailing Address 7 BEVERLY DRIVE

City
HOLMDEL

State
NJ

Zip Code
07733-1301

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
GMP CONTRACTING LLC

Occupation (for Individual)
SELF EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 27 / 2020

Transaction ID : SA11A.1912704

Amount of Each Receipt this Period

500.00

☐ Memo Item
CONTRIBUTION

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

C. POWERS, KENNETH, M., MR,

Mailing Address 1982 PROVIDENCE PKWY
STE 256

City
MOUNT JULIET

State
TN

Zip Code
37122-6574

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF EMPLOYED

Occupation (for Individual)
DEVELOPER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 28 / 2020

Transaction ID : SA11A.1888970

Amount of Each Receipt this Period

1000.00

☐ Memo Item
CONTRIBUTION

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

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

1535.00

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

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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

The Committee To Defend The President

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

A. PRESS, JULIE, , ,

Mailing Address 5509 HARRISON STREET

City
HOLLYWOOD

State
FL

Zip Code
33021-6408

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

INFORMATION REQUESTED PER BEST EFFORTS

Occupation (for Individual)

DIRECTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
01 / 05 / 2020

Transaction ID : SA11A.1894496

Amount of Each Receipt this Period

250.00

☐ Memo Item
CONTRIBUTION

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

B. PRICE, KENNETH, S., ,

Mailing Address 145 CAMDEN COURT

City
ZIONSVILLE

State
IN

Zip Code
46077-1001

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

MM / DD / YYYY
01 / 15 / 2020

Transaction ID : SA11A.1903048

Amount of Each Receipt this Period

250.00

☐ Memo Item
CONTRIBUTION

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

C. PRICE, KENNETH, S., ,

Mailing Address 145 CAMDEN COURT

City
ZIONSVILLE

State
IN

Zip Code
46077-1001

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

MM / DD / YYYY
01 / 30 / 2020

Transaction ID : SA11A.1915037

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

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

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

550.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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<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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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 Defend The President

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

A. PROSCHOLD, PETER, , ,

Mailing Address 1978 CUNNINGHAM CT

 City
 GRAND JUNCTION

 State
 CO

 Zip Code
 81507-9561

 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 ▼

325.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	23	/	2020

Transaction ID : SA11A.1888012

Amount of Each Receipt this Period

200.00

☐ Memo Item
 CONTRIBUTION

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

B. PROSCHOLD, PETER, , ,

Mailing Address 1978 CUNNINGHAM CT

 City
 GRAND JUNCTION

 State
 CO

 Zip Code
 81507-9561

 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 ▼

325.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	12	/	2020

Transaction ID : SA11A.1898776

Amount of Each Receipt this Period

50.00

☐ Memo Item
 CONTRIBUTION

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

C. PROSCHOLD, PETER, , ,

Mailing Address 1978 CUNNINGHAM CT

 City
 GRAND JUNCTION

 State
 CO

 Zip Code
 81507-9561

 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 ▼

325.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	31	/	2020

Transaction ID : SA11A.1912747

Amount of Each Receipt this Period

25.00

☐ Memo Item
 CONTRIBUTION

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

275.00

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

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

Use separate schedule(s)
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☒ 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 Defend The President

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

A. PROSCHOLD, PETER, , ,

Mailing Address 1978 CUNNINGHAM CT

City
GRAND JUNCTION

State
CO

Zip Code
81507-9561

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 ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 31 / 2020

Transaction ID : SA11A.1912748

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

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

B. RAHN, NOEL, , ,

Mailing Address 7119 ANTRIM CT.

City
MINNEAPOLIS

State
MN

Zip Code
55439-1702

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
GERONIMO ENERGY

Occupation (for Individual)
ALTERNATIVE ENERGIES.

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
01 / 05 / 2020

Transaction ID : SA11A.1894521

Amount of Each Receipt this Period

250.00

☐ Memo Item
CONTRIBUTION

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

C. RANGOS, JOHN, , , SR.

Mailing Address 701 OSPREY POINT CIRCLE

City
BOCA RATON

State
FL

Zip Code
33431-5245

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF EMPLOYED

Occupation (for Individual)
BUSINESSMAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 14 / 2020

Transaction ID : SA11A.1903083

Amount of Each Receipt this Period

500.00

☐ Memo Item
CONTRIBUTION

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

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

800.00

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

Use separate schedule(s)
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(check only one)

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NAME OF COMMITTEE (In Full)

The Committee To Defend The President

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

A. RANGOS, JOHN, , , SR.

Mailing Address 701 OSPREY POINT CIRCLE

City
BOCA RATON

State
FL

Zip Code
33431-5245

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF EMPLOYED

Occupation (for Individual)
BUSINESSMAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 24 / 2020

Transaction ID : SA11A.1907070

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

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

B. REESE, KATHERINE, , ,

Mailing Address 216 FARMSTEAD HILL ROAD

City
FAIRFIELD

State
CT

Zip Code
06824-7119

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF

Occupation (for Individual)
M D

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 03 / 2020

Transaction ID : SA11A.1894554

Amount of Each Receipt this Period

35.00

☐ Memo Item
CONTRIBUTION

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

C. REESE, KATHERINE, , ,

Mailing Address 216 FARMSTEAD HILL ROAD

City
FAIRFIELD

State
CT

Zip Code
06824-7119

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF

Occupation (for Individual)
M D

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 08 / 2020

Transaction ID : SA11A.1898859

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

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

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

110.00

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

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NAME OF COMMITTEE (In Full)

The Committee To Defend The President

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

A. REESE, KATHERINE, , ,

Mailing Address 216 FARMSTEAD HILL ROAD

City
FAIRFIELDState
CTZip Code
06824-7119FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELFOccupation (for Individual)
M D

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 08 / 2020

Transaction ID : SA11A.1898860

Amount of Each Receipt this Period

35.00

☐ Memo Item
CONTRIBUTION

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

B. REESE, KATHERINE, , ,

Mailing Address 216 FARMSTEAD HILL ROAD

City
FAIRFIELDState
CTZip Code
06824-7119FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELFOccupation (for Individual)
M D

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 14 / 2020

Transaction ID : SA11A.1903113

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

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

C. REESE, KATHERINE, , ,

Mailing Address 216 FARMSTEAD HILL ROAD

City
FAIRFIELDState
CTZip Code
06824-7119FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELFOccupation (for Individual)
M D

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 14 / 2020

Transaction ID : SA11A.1903114

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

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

110.00

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

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

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NAME OF COMMITTEE (In Full)

The Committee To Defend The President

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

A. REESE, KATHERINE, , ,

Mailing Address 216 FARMSTEAD HILL ROAD

City
FAIRFIELDState
CTZip Code
06824-7119FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELFOccupation (for Individual)
M D

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 23 / 2020

Transaction ID : SA11A.1907102

Amount of Each Receipt this Period

35.00

☐ Memo Item
CONTRIBUTION

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

B. REINMILLER, WILLIAM, , ,

Mailing Address 3619 SE CARUTHERS ST

City
PORTLANDState
ORZip Code
97214-5825FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 23 / 2020

Transaction ID : SA11A.1907112

Amount of Each Receipt this Period

125.00

☐ Memo Item
CONTRIBUTION

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

C. REINMILLER, WILLIAM, , ,

Mailing Address 3619 SE CARUTHERS ST

City
PORTLANDState
ORZip Code
97214-5825FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 23 / 2020

Transaction ID : SA11A.1907113

Amount of Each Receipt this Period

250.00

☐ Memo Item
CONTRIBUTION

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

410.00

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

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

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NAME OF COMMITTEE (In Full)

The Committee To Defend The President

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

A. REINMILLER, WILLIAM, , ,

Mailing Address 3619 SE CARUTHERS ST

City
PORTLAND

State
OR

Zip Code
97214-5825

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 / D D / Y Y Y Y Y Y
01 / 29 / 2020

Transaction ID : SA11A.1912847

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

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

B. RICHARDSON, CHRIS, , ,

Mailing Address 4001 W SAM HOUSTON PRKWY N
100

City
HOUSTON

State
TX

Zip Code
77043-

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
BLAZER BUILDING

Occupation (for Individual)
REAL ESTATE

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
01 / 30 / 2020

Transaction ID : SA11A.1914198

Amount of Each Receipt this Period

250.00

☐ Memo Item
CONTRIBUTION

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

C. RICHARDSON, HUGH, , ,

Mailing Address 4001 W SAM HOUSTON PKWY N
100

City
HOUSTON

State
TX

Zip Code
77043-1236

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
BLAZER BUILDING

Occupation (for Individual)
REAL ESTATE

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 28 / 2020

Transaction ID : SA11A.1914197

Amount of Each Receipt this Period

500.00

☐ Memo Item
CONTRIBUTION

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

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

800.00

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

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NAME OF COMMITTEE (In Full)

The Committee To Defend The President

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

A. ROBERTS, LINDA, , ,

Mailing Address 5610 W ORLANDO CIRCLE

City
BROKEN ARROW

State
OK

Zip Code
74011-1159

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF

Occupation (for Individual)
SALES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 23 / 2020

Transaction ID : SA11A.1907177

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

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

B. ROBERTS, LINDA, , ,

Mailing Address 5610 W ORLANDO CIRCLE

City
BROKEN ARROW

State
OK

Zip Code
74011-1159

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF

Occupation (for Individual)
SALES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 23 / 2020

Transaction ID : SA11A.1907180

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

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

C. ROBERTS, LINDA, , ,

Mailing Address 5610 W ORLANDO CIRCLE

City
BROKEN ARROW

State
OK

Zip Code
74011-1159

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF

Occupation (for Individual)
SALES

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 31 / 2020

Transaction ID : SA11A.1912925

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

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

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

225.00

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

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NAME OF COMMITTEE (In Full)

The Committee To Defend The President

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

A. RODRIGUEZ, ANTONIO, , ,

Mailing Address 12469 EQUINE LANE

City
WELLINGTON

State
FL

Zip Code
33414-3507

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
01 / 03 / 2020

Transaction ID : SA11A.1894633

Amount of Each Receipt this Period

250.00

☐ Memo Item
CONTRIBUTION

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

B. ROSAASEN, THOMAS, , ,

Mailing Address 30763 EAST SUNSET DR. SOUTH

City
REDLANDS

State
CA

Zip Code
92373-7366

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF

Occupation (for Individual)
BUILDER & DEVELOPER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 02 / 2020

Transaction ID : SA11A.1894650

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

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

C. ROSAASEN, THOMAS, , ,

Mailing Address 30763 EAST SUNSET DR. SOUTH

City
REDLANDS

State
CA

Zip Code
92373-7366

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF

Occupation (for Individual)
BUILDER & DEVELOPER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 22 / 2020

Transaction ID : SA11A.1907222

Amount of Each Receipt this Period

250.00

☐ Memo Item
CONTRIBUTION

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

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

600.00

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

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NAME OF COMMITTEE (In Full)

The Committee To Defend The President

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

A. ROSSBERG, KEITH, , ,

Mailing Address 1086 WEST SOUTH JORDAN PARKWAY
101

City
SOUTH JORDAN

State
UT

Zip Code
84095-4506

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
PORTIS

Occupation (for Individual)
SELF EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 17 / 2020

Transaction ID : SA11A.1903194

Amount of Each Receipt this Period

500.00

☐ Memo Item
CONTRIBUTION

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

B. ROSZMAN, KEITH, , ,

Mailing Address 9235 OLD STATE RD

City
MORRICE

State
MI

Zip Code
48857-

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
CLEVELAND INTEGRITY

Occupation (for Individual)
I & E INSPECTOR

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
01 / 04 / 2020

Transaction ID : SA11A.1894659

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. ROSZMAN, KEITH, , ,

Mailing Address 9235 OLD STATE RD

City
MORRICE

State
MI

Zip Code
48857-

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
CLEVELAND INTEGRITY

Occupation (for Individual)
I & E INSPECTOR

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
01 / 20 / 2020

Transaction ID : SA11A.1907237

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

600.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

The Committee To Defend The President

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. ROSZMAN, KEITH, , ,

Mailing Address 9235 OLD STATE RD

City
MORRICEState
MIZip Code
48857-FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
CLEVELAND INTEGRITYOccupation (for Individual)
I & E INSPECTOR

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
01 / 21 / 2020

Transaction ID : SA11A.1907238

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. ROSZMAN, KEITH, , ,

Mailing Address 9235 OLD STATE RD

City
MORRICEState
MIZip Code
48857-FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
CLEVELAND INTEGRITYOccupation (for Individual)
I & E INSPECTOR

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
01 / 25 / 2020

Transaction ID : SA11A.1907239

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. ROTHE, ROBERT, , ,

Mailing Address P.O. BOX 1295

City
RENOState
NVZip Code
89504-1295FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELFOccupation (for Individual)
REAL ESTATE

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 04 / 2020

Transaction ID : SA11A.1894660

Amount of Each Receipt this Period

500.00

☐ Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

650.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

The Committee To Defend The President

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. RULLI, JOHN, , ,

Mailing Address 1388 QUEENS WAY

City
CARMEL

State
IN

Zip Code
46032-9664

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF EMPLOYED

Occupation (for Individual)
REAL ESTATE

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
01 / 21 / 2020

Transaction ID : SA11A.1908276

Amount of Each Receipt this Period

250.00

☐ Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. RUTHERFORD, KATHLEEN, , ,

Mailing Address 8760 ORION PLACE
#200

City
COLUMBUS

State
OH

Zip Code
43240-2109

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
01 / 25 / 2020

Transaction ID : SA11A.1908795

Amount of Each Receipt this Period

250.00

☐ Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SALDANA, MARC, , ,

Mailing Address 5595 WEST SESAME DR.

City
HARLINGEN

State
TX

Zip Code
78550-

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
TOTAL REHAB - TOTAL REHAB KIDS

Occupation (for Individual)
BUSINESS OWNER

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
01 / 30 / 2020

Transaction ID : SA11A.1916773

Amount of Each Receipt this Period

250.00

☐ Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

The Committee To Defend The President

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. SAMUELSON, MARTA, , ,

Mailing Address 41922 N MILL DR.

City
MAGNOLIA

State
TX

Zip Code
77354-1850

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

M M / D D / Y Y Y Y Y Y
01 / 03 / 2020

Transaction ID : SA11A.1894697

Amount of Each Receipt this Period

15.00

☐ Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SAMUELSON, MARTA, , ,

Mailing Address 41922 N MILL DR.

City
MAGNOLIA

State
TX

Zip Code
77354-1850

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

M M / D D / Y Y Y Y Y Y
01 / 05 / 2020

Transaction ID : SA11A.1894698

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SAMUELSON, MARTA, , ,

Mailing Address 41922 N MILL DR.

City
MAGNOLIA

State
TX

Zip Code
77354-1850

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

M M / D D / Y Y Y Y Y Y
01 / 10 / 2020

Transaction ID : SA11A.1899016

Amount of Each Receipt this Period

35.00

☐ Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

150.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

The Committee To Defend The President

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. SAMUELSON, MARTA, , ,

Mailing Address 41922 N MILL DR.

City
MAGNOLIA

State
TX

Zip Code
77354-1850

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

M M / D D / Y Y Y Y Y
01 / 13 / 2020

Transaction ID : SA11A.1903238

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SAMUELSON, MARTA, , ,

Mailing Address 41922 N MILL DR.

City
MAGNOLIA

State
TX

Zip Code
77354-1850

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

M M / D D / Y Y Y Y Y
01 / 26 / 2020

Transaction ID : SA11A.1907285

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SAMUELSON, MARTA, , ,

Mailing Address 41922 N MILL DR.

City
MAGNOLIA

State
TX

Zip Code
77354-1850

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

M M / D D / Y Y Y Y Y
01 / 31 / 2020

Transaction ID : SA11A.1913040

Amount of Each Receipt this Period

20.00

☐ Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

70.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

The Committee To Defend The President

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. SAPPAAH, SARAH, BETH, ,

Mailing Address 113 MEADOW DRIVE

City
DINGMANS FERRY

State
PA

Zip Code
18328-4086

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 ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 30 / 2020

Transaction ID : SA11A.1889830

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SAPPAAH, SARAH, BETH, ,

Mailing Address 113 MEADOW DRIVE

City
DINGMANS FERRY

State
PA

Zip Code
18328-4086

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 ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 03 / 2020

Transaction ID : SA11A.1894710

Amount of Each Receipt this Period

5.00

☐ Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SAPPAAH, SARAH, BETH, ,

Mailing Address 113 MEADOW DRIVE

City
DINGMANS FERRY

State
PA

Zip Code
18328-4086

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 ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 06 / 2020

Transaction ID : SA11A.1899032

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

205.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

The Committee To Defend The President

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. SAVU, REBECCA, , ,

Mailing Address 1911 ISLES OF ST MARYS WAY

City
SAINT MARYS

State
GA

Zip Code
31558-4215

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
HAHN FAMILY WINES

Occupation (for Individual)
VP SALES

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
01 / 22 / 2020

Transaction ID : SA11A.1907306

Amount of Each Receipt this Period

250.00

☐ Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SCARSO, EMANUELE, , ,

Mailing Address 50 BLACKHORSE CT

City
STATEN ISLAND

State
NY

Zip Code
10306-1410

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF EMPLOYED

Occupation (for Individual)
JETS.COM

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
01 / 19 / 2020

Transaction ID : SA11A.1903262

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SCARSO, EMANUELE, , ,

Mailing Address 50 BLACKHORSE CT

City
STATEN ISLAND

State
NY

Zip Code
10306-1410

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF EMPLOYED

Occupation (for Individual)
JETS.COM

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
01 / 25 / 2020

Transaction ID : SA11A.1907314

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

400.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

The Committee To Defend The President

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. SCARSO, EMANUELE, , ,

Mailing Address 50 BLACKHORSE CT

City
STATEN ISLAND

State
NY

Zip Code
10306-1410

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF EMPLOYED

Occupation (for Individual)
JETS.COM

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
01 / 30 / 2020

Transaction ID : SA11A.1913079

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SCARSO, EMANUELE, , ,

Mailing Address 50 BLACKHORSE CT

City
STATEN ISLAND

State
NY

Zip Code
10306-1410

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF EMPLOYED

Occupation (for Individual)
JETS.COM

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
01 / 31 / 2020

Transaction ID : SA11A.1913080

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SCHATZ, DANNY, , ,

Mailing Address 4510 19TH AVE SW

City
FARGO

State
ND

Zip Code
58103-7700

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SCHATZ PROPERTIES

Occupation (for Individual)
SELF EMPLOYED

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
01 / 03 / 2020

Transaction ID : SA11A.1895650

Amount of Each Receipt this Period

250.00

☐ Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶

400.00

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
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

The Committee To Defend The President

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. SCHEWE, KARL, , ,

Mailing Address 910 BLAIRS FERRY RD

City
MARIONState
IAZip Code
52302-3107FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

ADM

Occupation (for Individual)

SAFETY AND SECURITY MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 24 / 2020

Transaction ID : SA11A.1888501

Amount of Each Receipt this Period

400.00

☐ Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SCHMIDT, LESLIE, , ,

Mailing Address 655 QUAIL RIDGE ROAD

City
ALEDOState
TXZip Code
76008-2835FEC 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
01 / 13 / 2020

Transaction ID : SA11A.1903278

Amount of Each Receipt this Period

250.00

☐ Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SCOTT, MIRIAM, G., MS,

Mailing Address 1770 AVENIDA DEL MUNDO
UNIT 108City
CORONADOState
CAZip Code
92118-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 / D D / Y Y Y Y Y Y
01 / 15 / 2020

Transaction ID : SA11A.1886887

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

750.00

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
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

The Committee To Defend The President

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. SCOTT, MIRIAM, G., MS,

Mailing Address 1770 AVENIDA DEL MUNDO
 UNIT 108

City
 CORONADO

State
 CA

Zip Code
 92118-

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 / D D / Y Y Y Y Y Y
 01 / 24 / 2020

Transaction ID : SA11A.188527

Amount of Each Receipt this Period

300.00

☐ Memo Item
 CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SHADID, JAY, , MR,

Mailing Address 110 WEST FOURTH

City

PANHANDLE

State

TX

Zip Code

79068-

FEC ID number of contributing
 federal political committee.

C

Name of Employer (for Individual)
 SELF

Occupation (for Individual)
 RANCHER/FARMER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 01 / 15 / 2020

Transaction ID : SA11A.190324

Amount of Each Receipt this Period

250.00

☐ Memo Item
 CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SHADID, JAY, , MR,

Mailing Address 110 WEST FOURTH

City

PANHANDLE

State

TX

Zip Code

79068-

FEC ID number of contributing
 federal political committee.

C

Name of Employer (for Individual)
 SELF

Occupation (for Individual)
 RANCHER/FARMER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 01 / 23 / 2020

Transaction ID : SA11A.1907411

Amount of Each Receipt this Period

50.00

☐ Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

600.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

The Committee To Defend The President

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. SHADID, JAY, , MR,

Mailing Address 110 WEST FOURTH

City
PANHANDLE

State
TX

Zip Code
79068-

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF

Occupation (for Individual)
RANCHER/FARMER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 26 / 2020

Transaction ID : SA11A.1907412

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SHADID, JAY, , MR,

Mailing Address 110 WEST FOURTH

City
PANHANDLE

State
TX

Zip Code
79068-

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF

Occupation (for Individual)
RANCHER/FARMER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 29 / 2020

Transaction ID : SA11A.1913174

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SHANNON, MAURICE, , ,

Mailing Address 909 THIRD ST.

City
MORGAN CITY

State
LA

Zip Code
70380-3243

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 / D D / Y Y Y Y Y Y
01 / 02 / 2020

Transaction ID : SA11A.1894788

Amount of Each Receipt this Period

1000.00

☐ Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1150.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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NAME OF COMMITTEE (In Full)

The Committee To Defend The President

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. SHAW, MARGOT, , ,

Mailing Address 4112 ABINGDON LANE

City
BIRMINGHAM

State
AL

Zip Code
35243-1706

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF

Occupation (for Individual)
EDITOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 23 / 2020

Transaction ID : SA11A.1908892

Amount of Each Receipt this Period

500.00

☐ Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SHEETS, BERNITA, , ,

Mailing Address 501 COUNTY ROAD 247

City
OVALO

State
TX

Zip Code
79541-2926

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
HOMEMAKER

Occupation (for Individual)
HOMEMAKER

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
01 / 23 / 2020

Transaction ID : SA11A.1887919

Amount of Each Receipt this Period

250.00

☐ Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SHIPWASH, MARY, , ,

Mailing Address 9800 FALLOW RUN

City
AUSTIN

State
TX

Zip Code
78736-1730

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 ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 02 / 2020

Transaction ID : SA11A.1894808

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

800.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

The Committee To Defend The President

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. SHIPWASH, MARY, , ,

Mailing Address 9800 FALLOW RUN

City
AUSTIN

State
TX

Zip Code
78736-1730

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 ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 03 / 2020

Transaction ID : SA11A.1894809

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SHIPWASH, MARY, , ,

Mailing Address 9800 FALLOW RUN

City
AUSTIN

State
TX

Zip Code
78736-1730

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 ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 12 / 2020

Transaction ID : SA11A.1899167

Amount of Each Receipt this Period

35.00

☐ Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SHIPWASH, MARY, , ,

Mailing Address 9800 FALLOW RUN

City
AUSTIN

State
TX

Zip Code
78736-1730

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 ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 07 / 2020

Transaction ID : SA11A.1899168

Amount of Each Receipt this Period

35.00

☐ Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

120.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Committee To Defend The President

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. SHIPWASH, MARY, , ,

Mailing Address 9800 FALLOW RUN

City
AUSTIN

State
TX

Zip Code
78736-1730

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 ▼

480.00

Date of Receipt

01 / 07 / 2020

Transaction ID : SA11A.1899169

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SHIPWASH, MARY, , ,

Mailing Address 9800 FALLOW RUN

City
AUSTIN

State
TX

Zip Code
78736-1730

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 ▼

480.00

Date of Receipt

01 / 09 / 2020

Transaction ID : SA11A.1899170

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SHIPWASH, MARY, , ,

Mailing Address 9800 FALLOW RUN

City
AUSTIN

State
TX

Zip Code
78736-1730

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 ▼

480.00

Date of Receipt

01 / 15 / 2020

Transaction ID : SA11A.1903344

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

125.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 170 OF 237

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

The Committee To Defend The President

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. SHIPWASH, MARY, , ,

Mailing Address 9800 FALLOW RUN

City
AUSTIN

State
TX

Zip Code
78736-1730

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 ▼

480.00

Date of Receipt

01 / 17 / 2020

Transaction ID : SA11A.1903345

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SHIPWASH, MARY, , ,

Mailing Address 9800 FALLOW RUN

City
AUSTIN

State
TX

Zip Code
78736-1730

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 ▼

480.00

Date of Receipt

01 / 25 / 2020

Transaction ID : SA11A.1907447

Amount of Each Receipt this Period

35.00

☐ Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SHIPWASH, MARY, , ,

Mailing Address 9800 FALLOW RUN

City
AUSTIN

State
TX

Zip Code
78736-1730

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 ▼

480.00

Date of Receipt

01 / 21 / 2020

Transaction ID : SA11A.1907448

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

135.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

The Committee To Defend The President

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. SHIPWASH, MARY, , ,

Mailing Address 9800 FALLOW RUN

City
AUSTIN

State
TX

Zip Code
78736-1730

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 ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 25 / 2020

Transaction ID : SA11A.1907449

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SILLS, BILL, , ,

Mailing Address 202 STONY TRAIL

City
EDMOND

State
OK

Zip Code
73034-7036

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
01 / 08 / 2020

Transaction ID : SA11A.1899181

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SILLS, BILL, , ,

Mailing Address 202 STONY TRAIL

City
EDMOND

State
OK

Zip Code
73034-7036

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
01 / 13 / 2020

Transaction ID : SA11A.1903973

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

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)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

The Committee To Defend The President

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. SILLS, BILL, , ,

Mailing Address 202 STONY TRAIL

City
EDMONDState
OKZip Code
73034-7036FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (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
01 / 26 / 2020

Transaction ID : SA11A.1908481

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SILLS, BILL, , ,

Mailing Address 202 STONY TRAIL

City
EDMONDState
OKZip Code
73034-7036FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (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
01 / 29 / 2020

Transaction ID : SA11A.1913238

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SILLS, BILL, , ,

Mailing Address 202 STONY TRAIL

City
EDMONDState
OKZip Code
73034-7036FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (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
01 / 30 / 2020

Transaction ID : SA11A.1913239

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

150.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

The Committee To Defend The President

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. SILLS, BILL, , ,

Mailing Address 202 STONY TRAIL

City
EDMONDState
OKZip Code
73034-7036FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (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
01 / 29 / 2020

Transaction ID : SA11A.1913240

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SIMON, MAGGY, , ,

Mailing Address 510 DOHENY ROAD

City
BEVERLY HILLSState
CAZip Code
90210-2922FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (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
01 / 29 / 2020

Transaction ID : SA11A.1913246

Amount of Each Receipt this Period

250.00

☐ Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SINGER, MARY, , MRS,

Mailing Address 11 GERTZEN RD.

City
RAMSEYState
NJZip Code
07446-1213FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 06 / 2020

Transaction ID : SA11A.1899192

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

350.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

The Committee To Defend The President

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. SINGER, MARY, , MRS,

Mailing Address 11 GERTZEN RD.

City
RAMSEYState
NJZip Code
07446-1213FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 09 / 2020

Transaction ID : SA11A.1899193

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SINGER, MARY, , MRS,

Mailing Address 11 GERTZEN RD.

City
RAMSEYState
NJZip Code
07446-1213FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 06 / 2020

Transaction ID : SA11A.1899194

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SINGER, MARY, , MRS,

Mailing Address 11 GERTZEN RD.

City
RAMSEYState
NJZip Code
07446-1213FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 09 / 2020

Transaction ID : SA11A.1899195

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶

150.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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for each category of the
Detailed Summary Page

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(check only one)

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NAME OF COMMITTEE (In Full)

The Committee To Defend The President

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. SINGER, MARY, , MRS,

Mailing Address 11 GERTZEN RD.

City
RAMSEYState
NJZip Code
07446-1213FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 31 / 2020

Transaction ID : SA11A.1913259

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SINGER, MARY, , MRS,

Mailing Address 11 GERTZEN RD.

City
RAMSEYState
NJZip Code
07446-1213FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 31 / 2020

Transaction ID : SA11A.1913260

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SOCOLOFSKY, JON, , MR,

Mailing Address 4452 MITCHELL POINT RD

City
EAGLE RIVERState
WIZip Code
54521-8592FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (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
01 / 07 / 2020

Transaction ID : SA11A.1884600

Amount of Each Receipt this Period

300.00

☐ Memo Item
CONTRIBUTION

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

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(check only one)

☒ 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 Defend The President

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. SPEAR, JEREMY, , , JR.

Mailing Address P.O. BOX 633

City
NORTH ANSON

State
ME

Zip Code
04958-0633

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
01 / 28 / 2020

Transaction ID : SA11A.1888972

Amount of Each Receipt this Period

300.00

☐ Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SPENCE, CORINNE, , ,

Mailing Address 1508 EUREKA RD

City
SACRAMENTO

State
CA

Zip Code
95661-2809

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 ▼

925.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
01 / 29 / 2020

Transaction ID : SA11A.1913384

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SPENCE, CORINNE, , ,

Mailing Address 1508 EUREKA RD

City
SACRAMENTO

State
CA

Zip Code
95661-2809

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 ▼

925.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2020

Transaction ID : SA11A.1913385

Amount of Each Receipt this Period

125.00

☐ Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶

475.00

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

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Committee To Defend The President

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. SPENCE, CORINNE, , ,

Mailing Address 1508 EUREKA RD

City
SACRAMENTO

State
CA

Zip Code
95661-2809

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 ▼

925.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 29 / 2020

Transaction ID : SA11A.1913386

Amount of Each Receipt this Period

250.00

☐ Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SPENCE, CORINNE, , ,

Mailing Address 1508 EUREKA RD

City
SACRAMENTO

State
CA

Zip Code
95661-2809

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 ▼

925.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 31 / 2020

Transaction ID : SA11A.1913387

Amount of Each Receipt this Period

500.00

☐ Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SPROULES, ED, , MR,

Mailing Address 203 LOCUST

City
LINWOOD

State
KS

Zip Code
66052-4371

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 ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 16 / 2020

Transaction ID : SA11A.1886988

Amount of Each Receipt this Period

300.00

☐ Memo Item
CONTRIBUTION

REFUNDED \$300.00 ON 01/30/2020

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1050.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Committee To Defend The President

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. STANKO, JOHN, P., ,

Mailing Address 12785 SILVERWOLF RD

City
RENOState
NVZip Code
89511-4797FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
CHAMPION CHEVROLETOccupation (for Individual)
CHEVROLET DEALER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 24 / 2020

Transaction ID : SA11A.1907586

Amount of Each Receipt this Period

500.00

☐ Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. STEELE, CAROLINE, F., MRS.,

Mailing Address 931 SOUTHBRIDGE CIR

City
LINCOLNState
CAZip Code
95648-8040FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 13 / 2020

Transaction ID : SA11A.1886392

Amount of Each Receipt this Period

225.00

☐ Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. STINSON, DOUGLAS, , ,

Mailing Address 1775 KELLY MILL ROAD

City
CUMMINGState
GAZip Code
30040-7199FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (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
01 / 09 / 2020

Transaction ID : SA11A.1899380

Amount of Each Receipt this Period

250.00

☐ Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

975.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 179 OF 237
(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 Defend The President

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. STURM, ALFRED, , ,

Mailing Address 529 TOWNSBURY RD

City
GREAT MEADOWSState
NJZip Code
07838-2043FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELFOccupation (for Individual)
EQUIP OPERATOR

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
01	/	27	/	2020

Transaction ID : SA11A.1913487

Amount of Each Receipt this Period

250.00

☐ Memo Item
 CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SUDBERRY, JANE, , ,

Mailing Address 8052 CALLE DEL CIELO

City
LA JOLLAState
CAZip Code
92037-3205FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
01	/	30	/	2020

Transaction ID : SA11A.1916244

Amount of Each Receipt this Period

500.00

☐ Memo Item
 CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SUSZ, MARK, , MR,Mailing Address 13915 OLD COAST RD
UNIT 2005City
NAPLESState
FLZip Code
34110-8744FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
01	/	29	/	2020

Transaction ID : SA11A.1889081

Amount of Each Receipt this Period

1000.00

☐ Memo Item
 CONTRIBUTION
SUBTOTAL of Receipts This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

1750.00

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)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

The Committee To Defend The President

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. TATSUMURA-HILLYER, KAZUKO, , DR.,

Mailing Address 20 WEST 64TH STREET
24E

City
NEW YORK

State
NY

Zip Code
10023-7129

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
GAIA HOLISTIC INC / OKI-DO LTD

Occupation (for Individual)
DOCTOR OF HOLISTIC MEDICINE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 30 / 2020

Transaction ID : SA11A.1913548

Amount of Each Receipt this Period

270.00

☐ Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. TATSUMURA-HILLYER, KAZUKO, , DR.,

Mailing Address 20 WEST 64TH STREET
24E

City
NEW YORK

State
NY

Zip Code
10023-7129

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
GAIA HOLISTIC INC / OKI-DO LTD

Occupation (for Individual)
DOCTOR OF HOLISTIC MEDICINE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 30 / 2020

Transaction ID : SA11A.1913549

Amount of Each Receipt this Period

270.00

☐ Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. TEDESCHI, JOSEPH, , ,

Mailing Address 4504 FIORE BELLA BLVD

City
LAS VEGAS

State
NV

Zip Code
89135-2489

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
BOND NEW YORK

Occupation (for Individual)
NEW YORK REAL ESTATE BROKER

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
01 / 13 / 2020

Transaction ID : SA11A.1903523

Amount of Each Receipt this Period

250.00

☐ Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

790.00

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)

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NAME OF COMMITTEE (In Full)

The Committee To Defend The President

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. TEDFORD, HEATHER, , ,

Mailing Address 3501 HARRISON ST

City
WICHITA FALLS

State
TX

Zip Code
76308-2325

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF EMPLOYED

Occupation (for Individual)
MANAGEMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 03 / 2020

Transaction ID : SA11A.1895011

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. TEDFORD, HEATHER, , ,

Mailing Address 3501 HARRISON ST

City
WICHITA FALLS

State
TX

Zip Code
76308-2325

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF EMPLOYED

Occupation (for Individual)
MANAGEMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 03 / 2020

Transaction ID : SA11A.1895012

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. TEDFORD, HEATHER, , ,

Mailing Address 3501 HARRISON ST

City
WICHITA FALLS

State
TX

Zip Code
76308-2325

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF EMPLOYED

Occupation (for Individual)
MANAGEMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 21 / 2020

Transaction ID : SA11A.1907715

Amount of Each Receipt this Period

250.00

☐ Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

350.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 182 OF 237

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

The Committee To Defend The President

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. THOENY, CRAIG, , ,

Mailing Address 68 WOODLAND CIRCLE

City
MINNEAPOLIS

State
MN

Zip Code
55424-1451

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
01 / 13 / 2020

Transaction ID : SA11A.1904081

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. THOENY, CRAIG, , ,

Mailing Address 68 WOODLAND CIRCLE

City
MINNEAPOLIS

State
MN

Zip Code
55424-1451

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
01 / 15 / 2020

Transaction ID : SA11A.1904082

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. THOENY, CRAIG, , ,

Mailing Address 68 WOODLAND CIRCLE

City
MINNEAPOLIS

State
MN

Zip Code
55424-1451

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
01 / 21 / 2020

Transaction ID : SA11A.1907725

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

150.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

The Committee To Defend The President

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. THOENY, CRAIG, , ,

Mailing Address 68 WOODLAND CIRCLE

City
MINNEAPOLIS

State
MN

Zip Code
55424-1451

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
01 / 22 / 2020

Transaction ID : SA11A.1908738

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. THOENY, CRAIG, , ,

Mailing Address 68 WOODLAND CIRCLE

City
MINNEAPOLIS

State
MN

Zip Code
55424-1451

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
01 / 27 / 2020

Transaction ID : SA11A.1916115

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. THOMAS, STEVE, , ,

Mailing Address 25 CASA LA COURTA RD

City
SEDONA

State
AZ

Zip Code
86336-6715

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
01 / 24 / 2020

Transaction ID : SA11A.1907736

Amount of Each Receipt this Period

250.00

☐ Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

350.00

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Committee To Defend The President

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. TIBEREND, ROBERT, , ,

Mailing Address 8240 URBAIN RD

City
BENTONState
ILZip Code
62812-4903FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (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
01 / 15 / 2020

Transaction ID : SA11A.1903556

Amount of Each Receipt this Period

250.00

☐ Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. TIERNEY, JAMES, , ,

Mailing Address 31615 N 138TH PLACE

City
SCOTTSDALEState
AZZip Code
85262-7944FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SPINAL TECHNOLOGY INC.Occupation (for Individual)
ORTHOTICS & PROSTHETICS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
01 / 04 / 2020

Transaction ID : SA11A.1895045

Amount of Each Receipt this Period

1000.00

☐ Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. TINNEY, JACK, , ,

Mailing Address 2009 SPANISH OAK TRL

City
ROUND ROCKState
TXZip Code
78681-1304FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
POWERSATOccupation (for Individual)
OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
01 / 07 / 2020

Transaction ID : SA11A.1900181

Amount of Each Receipt this Period

500.00

☐ Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

1750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

The Committee To Defend The President

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. TIPTON, GARY, , ,

Mailing Address 1431 RIVERPLACE BLVD.
2906

City
JACKSONVILLE

State
FL

Zip Code
32207-9119

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 / D D / Y Y Y Y Y Y
01 / 05 / 2020

Transaction ID : SA11A.1895471

Amount of Each Receipt this Period

500.00

☐ Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. TOOHEY, MARY, HOLLY, ,

Mailing Address 144 E KNIGHTON PL

City
ELMHURST

State
IL

Zip Code
60126-5102

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
AMERICAN AIRLINES

Occupation (for Individual)
FLIGHT ATTENDANT

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
01 / 05 / 2020

Transaction ID : SA11A.1895061

Amount of Each Receipt this Period

250.00

☐ Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. TRACEY, JAMES, , ,

Mailing Address 203 COSTA BELLA DR.

City
AUSTIN

State
TX

Zip Code
78734-2662

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
GREAT STUFF INC.

Occupation (for Individual)
CEO / OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 06 / 2020

Transaction ID : SA11A.1899578

Amount of Each Receipt this Period

1000.00

☐ Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

1750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Committee To Defend The President

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. TRUST, SUNSET, , ,

Mailing Address P.O. BOX 294316

City
LEWISVILLE

State
TX

Zip Code
75029-4316

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

M M M / D D D / Y Y Y Y Y Y
01 / 09 / 2020

Transaction ID : SA11A.1899596

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. TRUST, SUNSET, , ,

Mailing Address P.O. BOX 294316

City
LEWISVILLE

State
TX

Zip Code
75029-4316

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

M M M / D D D / Y Y Y Y Y Y
01 / 09 / 2020

Transaction ID : SA11A.1899597

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. TRUST, SUNSET, , ,

Mailing Address P.O. BOX 294316

City
LEWISVILLE

State
TX

Zip Code
75029-4316

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

M M M / D D D / Y Y Y Y Y Y
01 / 24 / 2020

Transaction ID : SA11A.1907784

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶

250.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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for each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Committee To Defend The President

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. TRUST, SUNSET, , ,

Mailing Address P.O. BOX 294316

City
LEWISVILLE

State
TX

Zip Code
75029-4316

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

M M / D D / Y Y Y Y Y Y
01 / 24 / 2020

Transaction ID : SA11A.1907785

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. TUCS, MARTY, , ,

Mailing Address 8995 261ST AVE NW

City
ZIMMERMAN

State
MN

Zip Code
55398-8563

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
TUCS EQUIPMENT.COM

Occupation (for Individual)
PRESIDENT

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
01 / 15 / 2020

Transaction ID : SA11A.1886889

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. TUCS, MARTY, , ,

Mailing Address 8995 261ST AVE NW

City
ZIMMERMAN

State
MN

Zip Code
55398-8563

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
TUCS EQUIPMENT.COM

Occupation (for Individual)
PRESIDENT

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
01 / 29 / 2020

Transaction ID : SA11A.1889413

Amount of Each Receipt this Period

200.00

☐ Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶

350.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

The Committee To Defend The President

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. TUCS, MARTY, , ,

Mailing Address 8995 261ST AVE NW

City
ZIMMERMAN

State
MN

Zip Code
55398-8563

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
TUCS EQUIPMENT.COM

Occupation (for Individual)
PRESIDENT

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
01 / 31 / 2020

Transaction ID : SA11A.1913673

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. TUMMALA, RAO, , ,

Mailing Address 1040 DAVISON LN

City
GREENSBORO

State
GA

Zip Code
30642-4981

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

M M / D D / Y Y Y Y Y Y
01 / 06 / 2020

Transaction ID : SA11A.1899603

Amount of Each Receipt this Period

250.00

☐ Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. TUMMALA, RAO, , ,

Mailing Address 1040 DAVISON LN

City
GREENSBORO

State
GA

Zip Code
30642-4981

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

M M / D D / Y Y Y Y Y Y
01 / 19 / 2020

Transaction ID : SA11A.1903586

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

400.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

The Committee To Defend The President

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. VILLARREAL, OSCAR, , , JR.

Mailing Address 5603 BROADWAY

City
SAN ANTONIO

State
TX

Zip Code
78209-5719

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF

Occupation (for Individual)
DESIGNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
01 / 27 / 2020

Transaction ID : SA11A.1913765

Amount of Each Receipt this Period

250.00

☐ Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. VOEKS, J, , ,

Mailing Address 680 EMERALD POINTE DR.

City
HOLLISTER

State
MO

Zip Code
65672-4847

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
STEWART-PETERSON GROUP/INSPIRITY

Occupation (for Individual)
RISK MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
01 / 02 / 2020

Transaction ID : SA11A.1895142

Amount of Each Receipt this Period

250.00

☐ Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. WALKER, ROBERT, , ,

Mailing Address 4389 DEER RIDGE CT

City
ROCKY MOUNT

State
NC

Zip Code
27804-7895

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
WALKER TREE SERVICE INC

Occupation (for Individual)
TREE SERVICE

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

350.00

Date of Receipt

MM / DD / YYYY
01 / 08 / 2020

Transaction ID : SA11A.1899703

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

600.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

The Committee To Defend The President

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. WALKER, ROBERT, , ,

Mailing Address 4389 DEER RIDGE CT

City
ROCKY MOUNT

State
NC

Zip Code
27804-7895

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
WALKER TREE SERVICE INC

Occupation (for Individual)
TREE SERVICE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 13 / 2020

Transaction ID : SA11A.1903646

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. WALKER, ROBERT, , ,

Mailing Address 4389 DEER RIDGE CT

City
ROCKY MOUNT

State
NC

Zip Code
27804-7895

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
WALKER TREE SERVICE INC

Occupation (for Individual)
TREE SERVICE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 15 / 2020

Transaction ID : SA11A.1903649

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. WALKER, ROBERT, , ,

Mailing Address 4389 DEER RIDGE CT

City
ROCKY MOUNT

State
NC

Zip Code
27804-7895

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
WALKER TREE SERVICE INC

Occupation (for Individual)
TREE SERVICE

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 23 / 2020

Transaction ID : SA11A.1907883

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶

250.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

The Committee To Defend The President

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. WATKINS, KEIV, , MR,

Mailing Address 2955 MAUI PL

City
COSTA MESA

State
CA

Zip Code
92626-3612

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 ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 31 / 2020

Transaction ID : SA11A.1889961

Amount of Each Receipt this Period

1000.00

☐ Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. WAVELL, JOHN, , ,

Mailing Address P O BOX 727

City
LOS ALAMITOS

State
CA

Zip Code
90720-0727

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
01 / 17 / 2020

Transaction ID : SA11A.1903668

Amount of Each Receipt this Period

250.00

☐ Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. WEISS, KATALINE, , ,

Mailing Address 1420 OCEAN PARKWAY
6E

City
BROOKLYN

State
NY

Zip Code
11230-6454

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
MEP DESIGNS INC

Occupation (for Individual)
SECRETARY

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

218.75

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 03 / 2020

Transaction ID : SA11A.1895204

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1275.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

The Committee To Defend The President

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. WEISS, KATALINE, , ,

Mailing Address 1420 OCEAN PARKWAY
6E

City
BROOKLYN

State
NY

Zip Code
11230-6454

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
MEP DESIGNS INC

Occupation (for Individual)
SECRETARY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

218.75

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 16 / 2020

Transaction ID : SA11A.1903686

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. WEISS, KATALINE, , ,

Mailing Address 1420 OCEAN PARKWAY
6E

City
BROOKLYN

State
NY

Zip Code
11230-6454

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
MEP DESIGNS INC

Occupation (for Individual)
SECRETARY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

218.75

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 14 / 2020

Transaction ID : SA11A.1903687

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. WEISS, KATALINE, , ,

Mailing Address 1420 OCEAN PARKWAY
6E

City
BROOKLYN

State
NY

Zip Code
11230-6454

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
MEP DESIGNS INC

Occupation (for Individual)
SECRETARY

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

218.75

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 26 / 2020

Transaction ID : SA11A.1907931

Amount of Each Receipt this Period

5.00

☐ Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶

80.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

The Committee To Defend The President

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. WEISS, KATALINE, , ,

Mailing Address 1420 OCEAN PARKWAY
6E

City
BROOKLYN

State
NY

Zip Code
11230-6454

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
MEP DESIGNS INC

Occupation (for Individual)
SECRETARY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

218.75

Date of Receipt

MM / DD / YYYY
01 / 21 / 2020

Transaction ID : SA11A.1907932

Amount of Each Receipt this Period

8.75

☐ Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. WEISS, KATALINE, , ,

Mailing Address 1420 OCEAN PARKWAY
6E

City
BROOKLYN

State
NY

Zip Code
11230-6454

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
MEP DESIGNS INC

Occupation (for Individual)
SECRETARY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

218.75

Date of Receipt

MM / DD / YYYY
01 / 22 / 2020

Transaction ID : SA11A.1907933

Amount of Each Receipt this Period

35.00

☐ Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. WEISS, KATALINE, , ,

Mailing Address 1420 OCEAN PARKWAY
6E

City
BROOKLYN

State
NY

Zip Code
11230-6454

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
MEP DESIGNS INC

Occupation (for Individual)
SECRETARY

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

218.75

Date of Receipt

MM / DD / YYYY
01 / 25 / 2020

Transaction ID : SA11A.1907934

Amount of Each Receipt this Period

35.00

☐ Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

78.75

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

The Committee To Defend The President

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. WEISS, KATALINE, , ,

Mailing Address 1420 OCEAN PARKWAY
6E

City
BROOKLYN

State
NY

Zip Code
11230-6454

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
MEP DESIGNS INC

Occupation (for Individual)
SECRETARY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

218.75

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 30 / 2020

Transaction ID : SA11A.1913867

Amount of Each Receipt this Period

35.00

☐ Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. WELLS, MARY, , ,

Mailing Address 168 MOUNTAINVIEW LANE

City
RICHLAND

State
WA

Zip Code
99352-7639

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 / D D / Y Y Y Y Y Y
01 / 15 / 2020

Transaction ID : SA11A.1903699

Amount of Each Receipt this Period

500.00

☐ Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. WETZEL, DAVID, , ,

Mailing Address 2705 RIDGEVIEW WAY

City
SIOUX FALLS

State
SD

Zip Code
57105-4241

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF

Occupation (for Individual)
INFORMATION REQUESTED PER BE

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
01 / 25 / 2020

Transaction ID : SA11A.1908885

Amount of Each Receipt this Period

250.00

☐ Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

785.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

The Committee To Defend The President

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. WHITNEY, BERNARD, , ,

Mailing Address 2720 SHERWOOD DRIVE

City
NAVARRE

State
FL

Zip Code
32566-8108

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 ▼

443.75

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 07 / 2020

Transaction ID : SA11A.1899807

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. WHITNEY, BERNARD, , ,

Mailing Address 2720 SHERWOOD DRIVE

City
NAVARRE

State
FL

Zip Code
32566-8108

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 ▼

443.75

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 06 / 2020

Transaction ID : SA11A.1899808

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. WHITNEY, BERNARD, , ,

Mailing Address 2720 SHERWOOD DRIVE

City
NAVARRE

State
FL

Zip Code
32566-8108

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 ▼

443.75

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 14 / 2020

Transaction ID : SA11A.1903721

Amount of Each Receipt this Period

8.75

☐ Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

83.75

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

The Committee To Defend The President

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. WHITNEY, BERNARD, , ,

Mailing Address 2720 SHERWOOD DRIVE

City
NAVARRE

State
FL

Zip Code
32566-8108

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 ▼

443.75

Date of Receipt

01 / 13 / 2020

Transaction ID : SA11A.1903722

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. WHITNEY, BERNARD, , ,

Mailing Address 2720 SHERWOOD DRIVE

City
NAVARRE

State
FL

Zip Code
32566-8108

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 ▼

443.75

Date of Receipt

01 / 14 / 2020

Transaction ID : SA11A.1903723

Amount of Each Receipt this Period

35.00

☐ Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. WHITNEY, BERNARD, , ,

Mailing Address 2720 SHERWOOD DRIVE

City
NAVARRE

State
FL

Zip Code
32566-8108

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 ▼

443.75

Date of Receipt

01 / 17 / 2020

Transaction ID : SA11A.1903724

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

110.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Committee To Defend The President

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. WHITNEY, BERNARD, , ,

Mailing Address 2720 SHERWOOD DRIVE

City
NAVARREState
FLZip Code
32566-8108FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

443.75

Date of Receipt

M M / D D / Y Y Y Y Y
01 / 13 / 2020

Transaction ID : SA11A.1903725

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. WHITNEY, BERNARD, , ,

Mailing Address 2720 SHERWOOD DRIVE

City
NAVARREState
FLZip Code
32566-8108FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

443.75

Date of Receipt

M M / D D / Y Y Y Y Y
01 / 24 / 2020

Transaction ID : SA11A.1907972

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. WHITNEY, BERNARD, , ,

Mailing Address 2720 SHERWOOD DRIVE

City
NAVARREState
FLZip Code
32566-8108FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

443.75

Date of Receipt

M M / D D / Y Y Y Y Y
01 / 30 / 2020

Transaction ID : SA11A.1913911

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

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

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(check only one)

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NAME OF COMMITTEE (In Full)

The Committee To Defend The President

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. WHITNEY, BERNARD, , ,

Mailing Address 2720 SHERWOOD DRIVE

City
NAVARRE

State
FL

Zip Code
32566-8108

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 ▼

443.75

Date of Receipt

M M / D D / Y Y Y Y Y
01 / 27 / 2020

Transaction ID : SA11A.1913912

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. WILHELM, FRITZ, , ,

Mailing Address 1298 WINDERMERE WAY

City
CONCORD

State
CA

Zip Code
94521-3345

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 / D D / Y Y Y Y Y
01 / 25 / 2020

Transaction ID : SA11A.1908380

Amount of Each Receipt this Period

1000.00

☐ Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. WILSON, GERALDINE, , ,

Mailing Address 1080 HARPER LN

City
MOORE HAVEN

State
FL

Zip Code
33471-5122

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
BECK REAL ESTATE & GLADES COUNT FL

Occupation (for Individual)
REAL ESTATE & SCHOOL BOARD

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
01 / 11 / 2020

Transaction ID : SA11A.1899857

Amount of Each Receipt this Period

250.00

☐ Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1300.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

The Committee To Defend The President

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. WIMER, WILLIAM, , ,

Mailing Address 11 DOE RUN LANE

City
LANCASTERState
PAZip Code
17603-9113FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 15 / 2020

Transaction ID : SA11A.1903762

Amount of Each Receipt this Period

250.00

☐ Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. WIMER, WILLIAM, , ,

Mailing Address 11 DOE RUN LANE

City
LANCASTERState
PAZip Code
17603-9113FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 29 / 2020

Transaction ID : SA11A.1913984

Amount of Each Receipt this Period

35.00

☐ Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. WINSTON, FLORENCE, , ,

Mailing Address 3504 CHAUCER PL.

City
RALEIGHState
NCZip Code
27609-7001FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (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
01 / 29 / 2020

Transaction ID : SA11A.1913995

Amount of Each Receipt this Period

250.00

☐ Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

535.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 200 OF 237

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

The Committee To Defend The President

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. WIRSING, MARY , ELLEN, ,

Mailing Address 7796 ANN HARBOR DRIVE

City
PORT TOBACCO

State
MD

Zip Code
20677-3109

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 ▼

273.75

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 03 / 2020

Transaction ID : SA11A.1895284

Amount of Each Receipt this Period

8.75

☐ Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. WIRSING, MARY , ELLEN, ,

Mailing Address 7796 ANN HARBOR DRIVE

City
PORT TOBACCO

State
MD

Zip Code
20677-3109

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 ▼

273.75

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 03 / 2020

Transaction ID : SA11A.1895285

Amount of Each Receipt this Period

35.00

☐ Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. WIRSING, MARY , ELLEN, ,

Mailing Address 7796 ANN HARBOR DRIVE

City
PORT TOBACCO

State
MD

Zip Code
20677-3109

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 ▼

273.75

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 08 / 2020

Transaction ID : SA11A.1899873

Amount of Each Receipt this Period

6.25

☐ Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

50.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

The Committee To Defend The President

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. WIRSING, MARY , ELLEN, ,

Mailing Address 7796 ANN HARBOR DRIVE

City
PORT TOBACCO

State
MD

Zip Code
20677-3109

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 ▼

273.75

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 08 / 2020

Transaction ID : SA11A.1899874

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. WIRSING, MARY , ELLEN, ,

Mailing Address 7796 ANN HARBOR DRIVE

City
PORT TOBACCO

State
MD

Zip Code
20677-3109

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 ▼

273.75

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 08 / 2020

Transaction ID : SA11A.1899875

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. WIRSING, MARY , ELLEN, ,

Mailing Address 7796 ANN HARBOR DRIVE

City
PORT TOBACCO

State
MD

Zip Code
20677-3109

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 ▼

273.75

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 06 / 2020

Transaction ID : SA11A.1899876

Amount of Each Receipt this Period

35.00

☐ Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶

85.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Committee To Defend The President

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. WIRSING, MARY , ELLEN, ,

Mailing Address 7796 ANN HARBOR DRIVE

City
PORT TOBACCO

State
MD

Zip Code
20677-3109

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 ▼

273.75

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 17 / 2020

Transaction ID : SA11A.1903767

Amount of Each Receipt this Period

3.75

☐ Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. WIRSING, MARY , ELLEN, ,

Mailing Address 7796 ANN HARBOR DRIVE

City
PORT TOBACCO

State
MD

Zip Code
20677-3109

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 ▼

273.75

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 17 / 2020

Transaction ID : SA11A.1903768

Amount of Each Receipt this Period

15.00

☐ Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. WIRSING, MARY , ELLEN, ,

Mailing Address 7796 ANN HARBOR DRIVE

City
PORT TOBACCO

State
MD

Zip Code
20677-3109

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 ▼

273.75

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 17 / 2020

Transaction ID : SA11A.1903769

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

43.75

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

The Committee To Defend The President

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. WIRSING, MARY , ELLEN, ,

Mailing Address 7796 ANN HARBOR DRIVE

City
PORT TOBACCO

State
MD

Zip Code
20677-3109

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 ▼

273.75

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 15 / 2020

Transaction ID : SA11A.1903770

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. WIRSING, MARY , ELLEN, ,

Mailing Address 7796 ANN HARBOR DRIVE

City
PORT TOBACCO

State
MD

Zip Code
20677-3109

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 ▼

273.75

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 23 / 2020

Transaction ID : SA11A.1908027

Amount of Each Receipt this Period

35.00

☐ Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. WIRSING, MARY , ELLEN, ,

Mailing Address 7796 ANN HARBOR DRIVE

City
PORT TOBACCO

State
MD

Zip Code
20677-3109

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 ▼

273.75

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 29 / 2020

Transaction ID : SA11A.1913998

Amount of Each Receipt this Period

35.00

☐ Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶

95.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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for each category of the
Detailed Summary Page

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NAME OF COMMITTEE (In Full)

The Committee To Defend The President

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. WONG, DENNIS, , ,

Mailing Address 27 GLENTTRACE CIRCLE

City
SPRINGState
TXZip Code
77382-5606FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
EXXONMOBILOccupation (for Individual)
RETIRED EXECUTIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
01 / 30 / 2020

Transaction ID : SA11A.1914349

Amount of Each Receipt this Period

250.00

☐ Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. WORSHAM, SANDRA, , ,

Mailing Address 1450 HI MOUNTAIN RD

City

ARROYO GRANDE

State

CA

Zip Code

93420-4906

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
01 / 24 / 2020

Transaction ID : SA11A.1888428

Amount of Each Receipt this Period

500.00

☐ Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. WUOLLET, DERRICK, , ,

Mailing Address 5431 W FETLOCK TRL

City

PEORIA

State

AZ

Zip Code

85083-9303

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
INFORMATION REQUESTED PER BEST EFFORTSOccupation (for Individual)
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
01 / 25 / 2020

Transaction ID : SA11A.1908073

Amount of Each Receipt this Period

250.00

☐ Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

1000.00

109819.95

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

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NAME OF COMMITTEE (In Full)

The Committee To Defend The President

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. 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 ▼

392.30

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 14 / 2020

Transaction ID : SA15.154561

Amount of Each Receipt this Period

392.30

☐ Memo Item

LIST RENTAL FEE REFUND

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. CONNELL DONATELLI, INC.

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 ▼

13193.75

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 06 / 2020

Transaction ID : SA15.154560

Amount of Each Receipt this Period

13193.75

☐ Memo Item

ONLINE VOTER CONTACT 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)..... ►

TOTAL This Period (last page this line number only)..... ►

13586.05

13586.05

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 206 OF 237

<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 Defend The President

Full Name (Last, First, Middle Initial)

A. DELANO, JOSHUA, , ,

Mailing Address P.O. BOX 423

City
ORANGFIELDState
TXZip Code
77639Purpose of Disbursement
PR SERVICES

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			2	3			2	0	2	0		

FEC Identification Number

C**Transaction ID : SB21B.I1545**

Amount of Each Disbursement this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. DELANO, JOSHUA, , ,

Mailing Address P.O. BOX 423

City
ORANGFIELDState
TXZip Code
77639Purpose of Disbursement
PR SERVICES

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			2	3			2	0	2	0		

FEC Identification Number

C**Transaction ID : SB21B.I1545**

Amount of Each Disbursement this Period

200.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. DELANO, JOSHUA, , ,

Mailing Address P.O. BOX 423

City
ORANGFIELDState
TXZip Code
77639Purpose of Disbursement
PR SERVICES

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			2	9			2	0	2	0		

FEC Identification Number

C**Transaction ID : SB21B.I1546**

Amount of Each Disbursement this Period

285.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

985.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 207 OF 237

<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 Defend The President

Full Name (Last, First, Middle Initial)

A. WEST, ALLEN, , ,

Date of Disbursement

M M	/	D D	/	Y Y Y Y Y Y
01		29		2020

Mailing Address 1837 EASTERN HILLS DR

City
GARLANDState
TXZip Code
75043Purpose of Disbursement
LEADERSHIP SERVICES

Candidate Name

Category/
Type
 Office Sought: ☐ House
☐ Senate
☐ President

 Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

FEC Identification Number

C**Transaction ID : SB21B.I1546**

Amount of Each Disbursement this Period

7500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. ALEXPROP LLC

Date of Disbursement

M M	/	D D	/	Y Y Y Y Y Y
01		29		2020

Mailing Address 13092 W 80TH PLACE

City
ARVADAState
COZip Code
80005Purpose of Disbursement
RENT

Candidate Name

Category/
Type
 Office Sought: ☐ House
☐ Senate
☐ President

 Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

FEC Identification Number

C**Transaction ID : SB21B.I1546**

Amount of Each Disbursement this Period

2330.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. AMERICAN EXPRESS

Date of Disbursement

M M	/	D D	/	Y Y Y Y Y Y
01		06		2020

Mailing Address 3 WORLD FINANCIAL CENTER

City
NEW YORKState
NYZip Code
10285-0001Purpose of Disbursement
PAYMENT PROCESSING FEES

Candidate Name

Category/
Type
 Office Sought: ☐ House
☐ Senate
☐ President

 Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

FEC Identification Number

C**Transaction ID : SB21B.I1545**

Amount of Each Disbursement this Period

779.19

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

10609.19

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 208 OF 237

<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 Defend The President

Full Name (Last, First, Middle Initial)

A. BEST GUEST MEDIA

Mailing Address P.O. BOX 3034

City
WAYNEState
NJZip Code
07474Purpose of Disbursement
PR SERVICES

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	1		2	1		2	0	2	0

FEC Identification Number

C

Transaction ID : SB21B.I15451

Amount of Each Disbursement this Period

3500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. CMDIMailing Address 1593 SPRING HILL RD
SUITE 400City
VIENNAState
VAZip Code
22182Purpose of Disbursement
COMPLIANCE SERVICES

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	1		1	3		2	0	2	0

FEC Identification Number

C

Transaction ID : SB21B.I15457

Amount of Each Disbursement this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. CMDIMailing Address 1593 SPRING HILL RD
SUITE 400City
VIENNAState
VAZip Code
22182Purpose of Disbursement
CAGING & PROCESSING SERVICES

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	1		2	2		2	0	2	0

FEC Identification Number

C

Transaction ID : SB21B.I1545

Amount of Each Disbursement this Period

1004.24

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

5004.24

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 209 OF 237

<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 Defend The President

Full Name (Last, First, Middle Initial)

A. EDONATION

Mailing Address 117 NORTH SAINT ASAPH ST

City
ALEXANDRIAState
VAZip Code
22314Purpose of Disbursement
PAYMENT PROCESSING FEES

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
01			31			2020			

FEC Identification Number

C**Transaction ID : SB21B.I1545**

Amount of Each Disbursement this Period

31727.71

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. MERCHANT E SOLUTIONS

Mailing Address 3475 LENOX RD NE

City
ATLANTAState
GAZip Code
30326Purpose of Disbursement
PAYMENT PROCESSING FEE

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
01			02			2020			

FEC Identification Number

C**Transaction ID : SB21B.I1545**

Amount of Each Disbursement this Period

84.99

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. PAC MANAGEMENT SERVICESMailing Address 950 N WASHINGTON ST.
STE 105City
ALEXANDRIAState
VAZip Code
22314Purpose of Disbursement
COMPLIANCE SERVICES

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
01			06			2020			

FEC Identification Number

C**Transaction ID : SB21B.I1545**

Amount of Each Disbursement this Period

6000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

37812.70

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 210 OF 237

<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 Defend The President

Full Name (Last, First, Middle Initial)

A. PAC MANAGEMENT SERVICESMailing Address 950 N WASHINGTON ST.
STE 105City
ALEXANDRIAState
VAZip Code
22314Purpose of Disbursement
PAYROLL & SERVICES

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	1		1	3		2	0	2	0		

FEC Identification Number

C

Transaction ID : SB21B.I15451

Amount of Each Disbursement this Period

20597.57

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. BANGHART, CHAD, , ,Mailing Address 4428 TANEY AVE
APT. 402City
ALEXANDRIAState
VAZip Code
22304Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	1		1	3		2	0	2	0		

FEC Identification Number

C

Transaction ID : SB21B.I15460

Amount of Each Disbursement this Period

4625.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. BLOCK, JOHN, , ,

Mailing Address 625 N WEST ST

City
ALEXANDRIAState
VAZip Code
22314Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	1		1	3		2	0	2	0		

FEC Identification Number

C

Transaction ID : SB21B.I1546

Amount of Each Disbursement this Period

4000.00

☒ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

20597.57

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 211 OF 237

<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 Defend The President

Full Name (Last, First, Middle Initial)

A. HARVEY, TED, , ,

Mailing Address 3010 WYECLIFF LANE

City
HIGHLANDS RANCHState
COZip Code
80126Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			1	3			2	0	2	0		

FEC Identification Number

C**Transaction ID : SB21B.I1546**

Amount of Each Disbursement this Period

4000.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

B. PAC MANAGEMENT SERVICESMailing Address 950 N WASHINGTON ST.
STE 105City
ALEXANDRIAState
VAZip Code
22314Purpose of Disbursement
PAYROLL & SERVICES

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			2	8			2	0	2	0		

FEC Identification Number

C**Transaction ID : SB21B.I1545**

Amount of Each Disbursement this Period

11172.57

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. BANGHART, CHAD, , ,Mailing Address 4428 TANEY AVE
APT. 402City
ALEXANDRIAState
VAZip Code
22304Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			2	8			2	0	2	0		

FEC Identification Number

C**Transaction ID : SB21B.I1546**

Amount of Each Disbursement this Period

3125.00

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

11172.57

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 212 OF 237

<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 Defend The President

Full Name (Last, First, Middle Initial)

A. BLOCK, JOHN, , ,

Mailing Address 625 N WEST ST

City
ALEXANDRIAState
VAZip Code
22314Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	8		2	0	2	0

FEC Identification Number

C**Transaction ID : SB21B.I1546**

Amount of Each Disbursement this Period

2500.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

B. HARVEY, TED, , ,

Mailing Address 3010 WYECLIFF LANE

City
HIGHLANDS RANCHState
COZip Code
80126Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	8		2	0	2	0

FEC Identification Number

C**Transaction ID : SB21B.I1546**

Amount of Each Disbursement this Period

2500.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. POLITICAL LIST BROKERS, LLC

Mailing Address 107 WEST STREET

City
ALEXANDRIAState
VAZip Code
22314Purpose of Disbursement
URL RENEWAL

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	5		2	0	2	0

FEC Identification Number

C**Transaction ID : SB21B.I1545**

Amount of Each Disbursement this Period

36.92

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3	6	.	9	2
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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 213 OF 237

<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 Defend The President

Full Name (Last, First, Middle Initial)

A. POLITICAL.LAWMailing Address 441 NORTH LEE STREET
SUITE 300City
ALEXANDRIAState
VAZip Code
22314Purpose of Disbursement
LEGAL SERVICES

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			0	6			2	0	2	0		

FEC Identification Number

C**Transaction ID : SB21B.I1545**

Amount of Each Disbursement this Period

6000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. POLITICAL.LAWMailing Address 441 NORTH LEE STREET
SUITE 300City
ALEXANDRIAState
VAZip Code
22314Purpose of Disbursement
LEGAL SERVICES

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			2	9			2	0	2	0		

FEC Identification Number

C**Transaction ID : SB21B.I1545**

Amount of Each Disbursement this Period

6000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. ZENICA LLCMailing Address 25 HIGH STREET
#507City
PORTLANDState
MEZip Code
04101Purpose of Disbursement
PR SERVICES

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			1	6			2	0	2	0		

FEC Identification Number

C**Transaction ID : SB21B.I1545**

Amount of Each Disbursement this Period

3000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15000.00

101218.19

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 214 OF 237

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" 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 Defend The President

Full Name (Last, First, Middle Initial)

A. RODNEY FOR CONGRESS

Mailing Address PO BOX 344

City
TAYLORVILLEState
ILZip Code
62568-0344Purpose of Disbursement
POLITICAL CONTRIBUTION

Candidate Name

DAVIS, RODNEY, L, ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2020

☒ Primary ☐ General
☐ Other (specify) ▼

State: IL

District: 13

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			2	2			2	0	2	0		

FEC Identification Number

C C00521948**Transaction ID : SB23.I154589**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. RON JOHNSON FOR SENATE, INC.Mailing Address 219 E WASHINGTON AVE
SUITE 101City
OSHKOSHState
WIZip Code
54901Purpose of Disbursement
POLITICAL CONTRIBUTION

Candidate Name

JOHNSON, RONALD, HAROLD, ,

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2020

☒ Primary ☐ General
☐ Other (specify) ▼

State: WI

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			2	2			2	0	2	0		

FEC Identification Number

C C00482984**Transaction ID : SB23.I154601**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. WILLIAM TIMMONS FOR CONGRESS

Mailing Address PO BOX 3416

City
GREENVILLEState
SCZip Code
29602Purpose of Disbursement
POLITICAL CONTRIBUTION

Candidate Name

TIMMONS, WILLIAM, R, , IV

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2020

☒ Primary ☐ General
☐ Other (specify) ▼

State: SC

District: 04

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			2	2			2	0	2	0		

FEC Identification Number

C C00668491**Transaction ID : SB23.I15460;**

Amount of Each Disbursement this Period

2500.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

4500.00

4500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 215 OF 237

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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 Defend The President

Full Name (Last, First, Middle Initial)

A. BURKE, MARY, , ,

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			0	2			2	0	2	0		

Mailing Address 362 DEVOE AVE
UNIT 55City
BRONXState
NYZip Code
10460Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

FEC Identification Number

C**Transaction ID : SB28A.I15451**

Amount of Each Disbursement this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. GANDY, CHERI, , ,

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			2	3			2	0	2	0		

Mailing Address 3588 VISTA DE MADERA

City
LINCOLNState
CAZip Code
95648Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

FEC Identification Number

C**Transaction ID : SB28A.I15462**

Amount of Each Disbursement this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. GANDY, CHERI, , ,

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			2	3			2	0	2	0		

Mailing Address 3588 VISTA DE MADERA

City
LINCOLNState
CAZip Code
95648Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

FEC Identification Number

C**Transaction ID : SB28A.I1546**

Amount of Each Disbursement this Period

250.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

750.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 216 OF 237

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input checked="" 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 Defend The President

Full Name (Last, First, Middle Initial)

A. HALLEEN, MARILYN, , ,

Mailing Address 2021 S SUNCOAST BLVD

City
HOMOSASSAState
FLZip Code
34448Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			2	3			2	0	2	0		

FEC Identification Number

C**Transaction ID : SB28A.I1546**

Amount of Each Disbursement this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. HALLEEN, MARILYN, , ,

Mailing Address 2021 S SUNCOAST BLVD

City
HOMOSASSAState
FLZip Code
34448Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			2	3			2	0	2	0		

FEC Identification Number

C**Transaction ID : SB28A.I1546**

Amount of Each Disbursement this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. HALLEEN, MARILYN, , ,

Mailing Address 2021 S SUNCOAST BLVD

City
HOMOSASSAState
FLZip Code
34448Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			2	3			2	0	2	0		

FEC Identification Number

C**Transaction ID : SB28A.I1546**

Amount of Each Disbursement this Period

100.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

300.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 217 OF 237

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input checked="" 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 Defend The President

Full Name (Last, First, Middle Initial)

A. SPROULES, ED, , ,

Mailing Address 203 LOCUST

City
LINWOODState
KSZip Code
66052Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		30		2020

FEC Identification Number

C**Transaction ID : SB28A.I1545**

Amount of Each Disbursement this Period

300.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. SWITZER, DENNIS, , ,Mailing Address 5260 ROGERS RD
G8City
HAMBURGState
NYZip Code
14075Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		10		2020

FEC Identification Number

C**Transaction ID : SB28A.I1546**

Amount of Each Disbursement this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. SWITZER, DENNIS, , ,Mailing Address 5260 ROGERS RD
G8City
HAMBURGState
NYZip Code
14075Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		10		2020

FEC Identification Number

C**Transaction ID : SB28A.I1546**

Amount of Each Disbursement this Period

100.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

500.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 218 OF 237

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input checked="" 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 Defend The President

Full Name (Last, First, Middle Initial)

A. SWITZER, DENNIS, , ,Mailing Address 5260 ROGERS RD
G8City
HAMBURGState
NYZip Code
14075Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1				1	0		2	0	2	0		

FEC Identification Number

C**Transaction ID : SB28A.I1546**

Amount of Each Disbursement this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. SWITZER, DENNIS, , ,Mailing Address 5260 ROGERS RD
G8City
HAMBURGState
NYZip Code
14075Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1				1	0		2	0	2	0		

FEC Identification Number

C**Transaction ID : SB28A.I1546**

Amount of Each Disbursement this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

150.00

1700.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 219 OF 237

<input 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

The Committee To Defend The President

Full Name (Last, First, Middle Initial)

A. AMERICAN CONSERVATIVE UNION

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		24		2020

Mailing Address 1331 H ST NW
SUITE 500City
WASHINGTONState
DCZip Code
20005Purpose of Disbursement
CAREY ACCOUNT: EVENT SPONSORSHIP

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

FEC Identification Number

C**Transaction ID : SB29.I154610**

Amount of Each Disbursement this Period

330.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. AMERICAN CONSERVATIVE UNION

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		17		2020

Mailing Address 1331 H ST NW
SUITE 500City
WASHINGTONState
DCZip Code
20005Purpose of Disbursement
CAREY ACCOUNT: EVENT SPONSORSHIP

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

FEC Identification Number

C**Transaction ID : SB29.I154612**

Amount of Each Disbursement this Period

990.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

1320.00

TOTAL This Period (last page this line number only)..... ►

1320.00

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 220 OF 237
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) The Committee To Defend The President	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00544767 </div>
---	--

 Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on

M M /

D D /

Y Y Y Y Y Y

Full Name of Payee <input checked="" type="checkbox"/> Memo Item ALLEGIANCE DIRECT, LLC			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Mailing Address 215 DEPOT CT. SE SUITE 302			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">10000.00</div>	
City LEESBURG	State VA	Zip Code 20175	Transaction ID : SE24.154276 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure ESTIMATED JANUARY MAIL VOTER CONTACT		Category/Type <div style="border: 1px solid black; width: 50px; height: 20px;"></div>	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Name of Federal Candidate: TRUMP, DONALD, J., ,			Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">649355.79</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <input type="checkbox"/> Memo Item ALLEGIANCE DIRECT, LLC SEE ESTIMATED TRANSACTION ID# SE24.154276			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Mailing Address 215 DEPOT CT. SE SUITE 302			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">14626.32</div>	
City LEESBURG	State VA	Zip Code 20175	Transaction ID : SE24.154285 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure MAIL VOTER CONTACT		Category/Type <div style="border: 1px solid black; width: 50px; height: 20px;"></div>	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Name of Federal Candidate: TRUMP, DONALD, J., ,			Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">649355.79</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures	▶ <div style="border: 1px solid black; padding: 2px; text-align: right;">14626.32</div>
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶ <div style="border: 1px solid black; padding: 2px; text-align: right;"></div>
(c) TOTAL Independent Expenditures	▶ <div style="border: 1px solid black; padding: 2px; text-align: right;"></div>

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.

BACKER, DAN , , ,

[Electronically Filed]

Signature

Date

M M /

D D /

Y Y Y Y Y Y

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 221 OF 237
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) The Committee To Defend The President		FEC IDENTIFICATION NUMBER ▼ C C00544767	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		New report Amends report filed on M M / D D / Y Y Y Y Y	
Full Name of Payee <input type="checkbox"/> Memo Item CAMPAIGN HQ OVERRUN ON PRIOR IE REPORTED TRANSACTION ID# SE24.154264		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y 01 / 06 / 2020	
Mailing Address P.O. BOX 257		Amount 5724.34	
City BROOKLYN	State IA	Zip Code 52211	Transaction ID : SE24.154290
Purpose of Expenditure PHONE VOTER CONTACT		Category/ Type 	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y 01 / 13 / 2020
Name of Federal Candidate: TRUMP, DONALD, J., ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought 649355.79		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ►	
Full Name of Payee <input type="checkbox"/> Memo Item CAMPAIGN HQ OVERRUN ON PRIOR IE REPORTED TRANSACTION ID# SE24.154264		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y 01 / 08 / 2020	
Mailing Address P.O. BOX 257		Amount 5182.08	
City BROOKLYN	State IA	Zip Code 52211	Transaction ID : SE24.154291
Purpose of Expenditure PHONE VOTER CONTACT		Category/ Type 	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y 01 / 13 / 2020
Name of Federal Candidate: TRUMP, DONALD, J., ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought 649355.79		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ►	
(a) SUBTOTAL of Itemized Independent Expenditures		10906.42	
(b) SUBTOTAL of Unitemized Independent Expenditures.....			
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not 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.			
BACKER, DAN, , , Signature		Date M M / D D / Y Y Y Y Y 01 / 14 / 2020	

[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 222 OF 237
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) The Committee To Defend The President				FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00544767 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on MM / DD / YYYY					
Full Name of Payee <input type="checkbox"/> Memo Item CAMPAIGN HQ				Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> MM / DD / YYYY </div>	
Mailing Address P.O. BOX 257				Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">100000.00</div>	
City BROOKLYN		State IA		Zip Code 52211	
Purpose of Expenditure PHONE VOTER CONTACT				Transaction ID : SE24.154292 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> MM / DD / YYYY </div>	
Name of Federal Candidate: TRUMP, DONALD, J., ,				<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">649355.79</div>				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee <input type="checkbox"/> Memo Item CAMPAIGN HQ OVERRUN ON PRIOR IE REPORTED TRANSACTION ID# SE24.154292				Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> MM / DD / YYYY </div>	
Mailing Address P.O. BOX 257				Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">4397.88</div>	
City BROOKLYN		State IA		Zip Code 52211	
Purpose of Expenditure PHONE VOTER CONTACT				Transaction ID : SE24.154526 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> MM / DD / YYYY </div>	
Name of Federal Candidate: TRUMP, DONALD, J., ,				<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">649355.79</div>				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____	
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> (a) SUBTOTAL of Itemized Independent Expenditures </div> <div style="width: 35%; text-align: right;"> <div style="border: 1px solid black; padding: 2px; text-align: right;">104397.88</div> </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 60%;"> (b) SUBTOTAL of Unitemized Independent Expenditures..... </div> <div style="width: 35%; text-align: right;"> <div style="border: 1px solid black; padding: 2px; text-align: right;"> </div> </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 60%;"> (c) TOTAL Independent Expenditures </div> <div style="width: 35%; text-align: right;"> <div style="border: 1px solid black; padding: 2px; text-align: right;"> </div> </div> </div>					
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.					
BACKER, DAN, , , Signature				Date MM / DD / YYYY <div style="display: flex; justify-content: space-between;"> 01 13 2020 </div>	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 223 OF 237
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) The Committee To Defend The President		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00544767 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <div style="float: right; text-align: right;"> New report Amends report filed on MM / DD / YYYY </div>			
Full Name of Payee <input type="checkbox"/> Memo Item CAMPAIGN HQ OVERRUN ON PRIOR IE REPORTED TRANSACTION ID# SE24.154292		Date of Public Distribution/Dissemination MM / DD / YYYY 01 / 13 / 2020	
Mailing Address P.O. BOX 257		Amount 12891.70	
City BROOKLYN	State IA	Zip Code 52211	Transaction ID : SE24.154527 Date of Disbursement or Obligation MM / DD / YYYY 01 / 20 / 2020
Purpose of Expenditure PHONE VOTER CONTACT		Category/Type 	
Name of Federal Candidate: TRUMP, DONALD, J., ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought 649355.79		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee <input type="checkbox"/> Memo Item CAMPAIGN HQ OVERRUN ON PRIOR IE REPORTED TRANSACTION ID# SE24.154292		Date of Public Distribution/Dissemination MM / DD / YYYY 01 / 15 / 2020	
Mailing Address P.O. BOX 257		Amount 2271.24	
City BROOKLYN	State IA	Zip Code 52211	Transaction ID : SE24.154528 Date of Disbursement or Obligation MM / DD / YYYY 01 / 20 / 2020
Purpose of Expenditure PHONE VOTER CONTACT		Category/Type 	
Name of Federal Candidate: TRUMP, DONALD, J., ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought 649355.79		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures		15162.94	
(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.			
BACKER, DAN, , , Signature		Date MM / DD / YYYY 01 / 20 / 2020	

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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 224 OF 237
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) The Committee To Defend The President	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00544767 </div>
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 Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

Full Name of Payee <input checked="" type="checkbox"/> Memo Item CAMPAIGN SOLUTIONS			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> </div>	
Mailing Address 117 N SAINT ASAPH ST.			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">50000.00</div> Transaction ID : SE24.154277 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> </div>	
City ALEXANDRIA	State VA	Zip Code 22314		
Purpose of Expenditure ESTIMATED JANUARY ONLINE VOTER CONTACT		Category/Type <div style="border: 1px solid black; padding: 2px; text-align: center;"> </div>		
Name of Federal Candidate: TRUMP, DONALD, J., ,			Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">649355.79</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <input checked="" type="checkbox"/> Memo Item CAMPAIGN SOLUTIONS			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> </div>	
Mailing Address 117 N SAINT ASAPH ST.			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">50000.00</div> Transaction ID : SE24.154278 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> </div>	
City ALEXANDRIA	State VA	Zip Code 22314		
Purpose of Expenditure ESTIMATED JANUARY LIST RENTAL FEES		Category/Type <div style="border: 1px solid black; padding: 2px; text-align: center;"> </div>		
Name of Federal Candidate: TRUMP, DONALD, J., ,			Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">649355.79</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures	▶	0.00
(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.

BACKER, DAN, , ,

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Signature

Date

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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 225 OF 237
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) The Committee To Defend The President	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00544767 </div>
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 Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on

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D D /

Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item CAMPAIGN SOLUTIONS SEE ESTIMATED TRANSACTION ID# SE24.153915			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">12</div> <div style="border: 1px solid black; padding: 2px;">01</div> <div style="border: 1px solid black; padding: 2px;">2019</div> </div>	
Mailing Address 117 N SAINT ASAPH ST.			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">6762.44</div>	
City ALEXANDRIA	State VA	Zip Code 22314		
Purpose of Expenditure ONLINE VOTER CONTACT		Category/ Type <div style="border: 1px solid black; width: 50px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div>	Transaction ID : SE24.154288 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">01</div> <div style="border: 1px solid black; padding: 2px;">08</div> <div style="border: 1px solid black; padding: 2px;">2020</div> </div>	
Name of Federal Candidate: TRUMP, DONALD, J., , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose			Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: _____ State: _____	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">649355.79</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <input type="checkbox"/> Memo Item CAMPAIGN SOLUTIONS SEE ESTIMATE TRANSACTION ID# SE24.153914			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">12</div> <div style="border: 1px solid black; padding: 2px;">01</div> <div style="border: 1px solid black; padding: 2px;">2019</div> </div>	
Mailing Address 117 N SAINT ASAPH ST.			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">3077.66</div>	
City ALEXANDRIA	State VA	Zip Code 22314		
Purpose of Expenditure ONLINE VOTER CONTACT		Category/ Type <div style="border: 1px solid black; width: 50px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div>	Transaction ID : SE24.154533 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">01</div> <div style="border: 1px solid black; padding: 2px;">21</div> <div style="border: 1px solid black; padding: 2px;">2020</div> </div>	
Name of Federal Candidate: TRUMP, DONALD, J., , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose			Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: _____ State: _____	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">649355.79</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures	▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">9840.10</div>
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(c) TOTAL Independent Expenditures	▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

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.

BACKER, DAN , , ,

[Electronically Filed]

Date

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Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 226 OF 237
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) The Committee To Defend The President	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00544767 </div>
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 Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on

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Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item CAMPAIGN SOLUTIONS SEE ESTIMATE TRANSACTION ID# SE24.154277			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M M</div> <div style="border: 1px solid black; padding: 2px;">D D D</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Mailing Address 117 N SAINT ASAPH ST.			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">59593.17</div>	
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SE24.154562 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M M</div> <div style="border: 1px solid black; padding: 2px;">D D D</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure ONLINE VOTER CONTACT		Category/ Type <div style="border: 1px solid black; width: 50px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div>	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M M</div> <div style="border: 1px solid black; padding: 2px;">D D D</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Name of Federal Candidate: TRUMP, DONALD, J., ,			Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">649355.79</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <input type="checkbox"/> Memo Item CAMPAIGN SOLUTIONS SEE ESTIMATE TRANSACTION ID# SE24.154278			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M M</div> <div style="border: 1px solid black; padding: 2px;">D D D</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Mailing Address 117 N SAINT ASAPH ST.			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">94408.72</div>	
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SE24.154563 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M M</div> <div style="border: 1px solid black; padding: 2px;">D D D</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure LIST RENTAL FEES		Category/ Type <div style="border: 1px solid black; width: 50px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div>	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M M</div> <div style="border: 1px solid black; padding: 2px;">D D D</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Name of Federal Candidate: TRUMP, DONALD, J., ,			Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">649355.79</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures	▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">154001.89</div>
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(c) TOTAL Independent Expenditures	▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

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.

BACKER, DAN, , ,

[Electronically Filed]

Date

M M M

D D D

Y Y Y Y Y Y

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 227 OF 237
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) The Committee To Defend The President	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00544767 </div>
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 Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on

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D D /

Y Y Y Y Y Y

Full Name of Payee <input checked="" type="checkbox"/> Memo Item CONNELL DONATELLI, INC.			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Mailing Address 117 N SAINT ASAPH ST.			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">5000.00</div>	
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SE24.154279 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure ESTIMATED JANUARY ONLINE VOTER CONTACT		Category/Type <div style="border: 1px solid black; width: 50px; height: 20px;"></div>	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Name of Federal Candidate: TRUMP, DONALD, J., ,			Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">649355.79</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <input type="checkbox"/> Memo Item CONNELL DONATELLI, INC. SEE ESTIMATED TRANSACTION ID# SE24.154279			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Mailing Address 117 N SAINT ASAPH ST.			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">13628.75</div>	
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SE24.154286 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure ONLINE VOTER CONTACT		Category/Type <div style="border: 1px solid black; width: 50px; height: 20px;"></div>	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Name of Federal Candidate: TRUMP, DONALD, J., ,			Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">649355.79</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures	▶	13628.75
(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.

BACKER, DAN, , ,

[Electronically Filed]

Date

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Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 228 OF 237
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) The Committee To Defend The President		FEC IDENTIFICATION NUMBER ▼ C C00544767	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		New report Amends report filed on MM / DD / YYYY	
Full Name of Payee CONNELL DONATELLI, INC. <input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination MM / DD / YYYY 01 / 17 / 2020	
Mailing Address 117 N SAINT ASAPH ST.		Amount 5000.00	
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SE24.154295
Purpose of Expenditure ONLINE VOTER CONTACT		Category/Type 	Date of Disbursement or Obligation MM / DD / YYYY 01 / 17 / 2020
Name of Federal Candidate: BIDEN, JOSEPH, R, , JR		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____ <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 45000.00		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2020 <input checked="" type="checkbox"/> Other (specify) ▶ Dem Convention	
Full Name of Payee CONNELL DONATELLI, INC. <input type="checkbox"/> Memo Item SEE ESTIMATE TRANSACTION ID# SE24.154279		Date of Public Distribution/Dissemination MM / DD / YYYY 01 / 21 / 2020	
Mailing Address 117 N SAINT ASAPH ST.		Amount 10000.00	
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SE24.154534
Purpose of Expenditure ONLINE VOTER CONTACT		Category/Type 	Date of Disbursement or Obligation MM / DD / YYYY 01 / 21 / 2020
Name of Federal Candidate: TRUMP, DONALD, J., ,		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____ <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 649355.79		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures		15000.00	
(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.			
BACKER, DAN, , , Signature		Date MM / DD / YYYY 01 / 17 / 2020	
[Electronically Filed]			

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 229 OF 237
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) The Committee To Defend The President	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00544767 </div>
---	--

 Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on MM / DD / YYYY

Full Name of Payee <input type="checkbox"/> Memo Item CONNELL DONATELLI, INC. SEE ESTIMATE TRANSACTION ID# SE24.154279			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> MM / DD / YYYY </div>	
Mailing Address 117 N SAINT ASAPH ST.			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">5000.00</div>	
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SE24.154535 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> MM / DD / YYYY </div>	
Purpose of Expenditure ONLINE VOTER CONTACT		Category/ Type	<div style="display: flex; justify-content: space-between;"> MM / DD / YYYY </div>	
Name of Federal Candidate: TRUMP, DONALD, J., ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: _____ State: _____	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <input type="checkbox"/> Memo Item CONNELL DONATELLI, INC. SEE ESTIMATE TRANSACTION ID# SE24.154279			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> MM / DD / YYYY </div>	
Mailing Address 117 N SAINT ASAPH ST.			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">10000.00</div>	
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SE24.154538 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> MM / DD / YYYY </div>	
Purpose of Expenditure ONLINE VOTER CONTACT		Category/ Type	<div style="display: flex; justify-content: space-between;"> MM / DD / YYYY </div>	
Name of Federal Candidate: TRUMP, DONALD, J., ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: _____ State: _____	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures	▶ 15000.00
(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.

BACKER, DAN, , ,

[Electronically Filed]

Date

 MM / DD / YYYY
 01 / 23 / 2020

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 230 OF 237
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) The Committee To Defend The President			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00544767 </div>										
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report ▶ New report Amends report filed on <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div>													
Full Name of Payee <input type="checkbox"/> Memo Item CONNELL DONATELLI, INC. SEE ESTIMATE TRANSACTION ID# SE24.154279			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 01 / 30 / 2020										
Mailing Address 117 N SAINT ASAPH ST.			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">5000.00</div>										
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SE24.154537 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 01 / 30 / 2020										
Purpose of Expenditure ONLINE VOTER CONTACT			Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>										
Name of Federal Candidate: TRUMP, DONALD, J., ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____										
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">649355.79</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____										
Full Name of Payee <input checked="" type="checkbox"/> Memo Item DONORBUREAU, LLC			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 01 / 01 / 2020										
Mailing Address 1900 N CULPEPER ST			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">20000.00</div>										
City ARLINGTON	State VA	Zip Code 22207	Transaction ID : SE24.154280 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 01 / 03 / 2020										
Purpose of Expenditure ESTIMATED JANUARY PHONE VOTER CONTACT			Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>										
Name of Federal Candidate: TRUMP, DONALD, J., ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____										
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">649355.79</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____										
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">(a) SUBTOTAL of Itemized Independent Expenditures</td> <td style="width: 5%; text-align: center;">▶</td> <td style="width: 35%; border: 1px solid black; padding: 2px; text-align: right;">5000.00</td> </tr> <tr> <td>(b) SUBTOTAL of Unitemized Independent Expenditures.....</td> <td style="text-align: center;">▶</td> <td style="border: 1px solid black; padding: 2px; text-align: right;"></td> </tr> <tr> <td>(c) TOTAL Independent Expenditures</td> <td style="text-align: center;">▶</td> <td style="border: 1px solid black; padding: 2px; text-align: right;"></td> </tr> </table>					(a) SUBTOTAL of Itemized Independent Expenditures	▶	5000.00	(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶		(c) TOTAL Independent Expenditures	▶	
(a) SUBTOTAL of Itemized Independent Expenditures	▶	5000.00											
(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.													
BACKER, DAN, , , Signature			Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 01 / 30 / 2020										

[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 231 OF 237
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) The Committee To Defend The President	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00544767 </div>
---	---

 Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on MM / DD / YYYY

Full Name of Payee <input type="checkbox"/> Memo Item DONORBUREAU, LLC SEE ESTIMATED TRANSACTION ID# SE24.154280			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> MM / DD / YYYY </div>	
Mailing Address 1900 N CULPEPER ST			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">1596.15</div>	
City ARLINGTON	State VA	Zip Code 22207	Transaction ID : SE24.154284 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> MM / DD / YYYY </div>	
Purpose of Expenditure PHONE VOTER CONTACT		Category/ Type	<div style="display: flex; justify-content: space-between;"> MM / DD / YYYY </div>	
Name of Federal Candidate: TRUMP, DONALD, J., ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: _____ State: _____	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <input type="checkbox"/> Memo Item DONORBUREAU, LLC SEE ESTIMATE TRANSACTION ID# SE24.154280			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> MM / DD / YYYY </div>	
Mailing Address 1900 N CULPEPER ST			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">2400.00</div>	
City ARLINGTON	State VA	Zip Code 22207	Transaction ID : SE24.154540 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> MM / DD / YYYY </div>	
Purpose of Expenditure PHONE VOTER CONTACT		Category/ Type	<div style="display: flex; justify-content: space-between;"> MM / DD / YYYY </div>	
Name of Federal Candidate: TRUMP, DONALD, J., ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: _____ State: _____	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures	3996.15
(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.

BACKER, DAN, , ,

[Electronically Filed]

Date

MM / DD / YYYY

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 232 OF 237
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) The Committee To Defend The President				FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00544767 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px; font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</div> </div>					
Full Name of Payee <input type="checkbox"/> Memo Item NEUTRON MEDIA				Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px; font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</div> </div>	
Mailing Address 5468 DUNDAS ST W STE 401				Amount <div style="border: 1px solid black; padding: 2px; font-size: 0.8em;">40000.00</div>	
City TORONTO		State ON		Zip Code M9B 6-0CAN	
Purpose of Expenditure BILLBOARD				Category/Type <div style="border: 1px solid black; padding: 2px; font-size: 0.8em;"></div>	
Name of Federal Candidate: <input type="checkbox"/> Support BIDEN, JOSEPH, R, , JR <input checked="" type="checkbox"/> Oppose				Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; font-size: 0.8em;">45000.00</div>				Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2020 <input checked="" type="checkbox"/> Other (specify) ▶ Dem Convention	
Full Name of Payee <input type="checkbox"/> Memo Item PINNACLE DIRECT				Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px; font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</div> </div>	
Mailing Address 15260 113TH ST N				Amount <div style="border: 1px solid black; padding: 2px; font-size: 0.8em;">6745.34</div>	
City STILLWATER		State MN		Zip Code 55082	
Purpose of Expenditure CAREY ACCOUNT: MAIL VOTER CONTACT				Category/Type <div style="border: 1px solid black; padding: 2px; font-size: 0.8em;"></div>	
Name of Federal Candidate: <input checked="" type="checkbox"/> Support TRUMP, DONALD, J., , <input type="checkbox"/> Oppose				Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; font-size: 0.8em;">649355.79</div>				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____	
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>(a) SUBTOTAL of Itemized Independent Expenditures</p> <p>(b) SUBTOTAL of Unitemized Independent Expenditures.....</p> <p>(c) TOTAL Independent Expenditures</p> </div> <div style="width: 35%;"> <div style="border: 1px solid black; padding: 2px; font-size: 0.8em; margin-bottom: 10px;">46745.34</div> <div style="border: 1px solid black; padding: 2px; font-size: 0.8em; margin-bottom: 10px;"></div> <div style="border: 1px solid black; padding: 2px; font-size: 0.8em;"></div> </div> </div>					
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.					
BACKER, DAN, , , [Electronically Filed] Signature				Date <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px; font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</div> </div>	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 233 OF 237
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) The Committee To Defend The President	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00544767 </div>
---	--

 Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on

M M /

D D /

Y Y Y Y Y Y

Full Name of Payee <input checked="" type="checkbox"/> Memo Item RIGHT COUNTRY LISTS			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; width: 150px;"> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M /</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">D D /</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">Y Y Y Y Y Y</div> </div>	
Mailing Address 117 NORTH SAINT ASAPH STREET			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">5000.00</div> Transaction ID : SE24.154281 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between; width: 150px;"> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M /</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">D D /</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">Y Y Y Y Y Y</div> </div>	
City ALEXANDRIA	State VA	Zip Code 22314		
Purpose of Expenditure ESTIMATED JANUARY ONLINE VOTER CONTACT		Category/ Type <div style="border: 1px solid black; width: 50px; height: 20px;"></div>		
Name of Federal Candidate: TRUMP, DONALD, J., ,			Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">649355.79</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <input type="checkbox"/> Memo Item RIGHT COUNTRY LISTS			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; width: 150px;"> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M /</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">D D /</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">Y Y Y Y Y Y</div> </div>	
Mailing Address 117 NORTH SAINT ASAPH STREET			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">11500.00</div> Transaction ID : SE24.154287 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between; width: 150px;"> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M /</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">D D /</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">Y Y Y Y Y Y</div> </div>	
City ALEXANDRIA	State VA	Zip Code 22314		
Purpose of Expenditure ONLINE VOTER CONTACT		Category/ Type <div style="border: 1px solid black; width: 50px; height: 20px;"></div>		
Name of Federal Candidate: TRUMP, DONALD, J., ,			Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">649355.79</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px; text-align: right;">11500.00</div>
(b) SUBTOTAL of Unitemized Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(c) TOTAL Independent Expenditures	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

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.

BACKER, DAN, , ,

[Electronically Filed]

Date

M M /

D D /

Y Y Y Y Y Y

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 234 OF 237
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) The Committee To Defend The President	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00544767 </div>
---	---

 Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on MM / DD / YYYY

Full Name of Payee <input type="checkbox"/> Memo Item RIGHT COUNTRY LISTS SEE ESTIMATE TRANSACTION ID# SE24.154281			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> MM / DD / YYYY </div>	
Mailing Address 117 NORTH SAINT ASAPH STREET			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">29550.00</div>	
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SE24.154541 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> MM / DD / YYYY </div>	
Purpose of Expenditure EMAIL LIST RENTAL		Category/Type <div style="border: 1px solid black; width: 50px; height: 20px;"></div>	<div style="display: flex; justify-content: space-between;"> MM / DD / YYYY </div>	
Name of Federal Candidate: TRUMP, DONALD, J., ,			Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">649355.79</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <input type="checkbox"/> Memo Item RIGHT VOTER, LLC			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> MM / DD / YYYY </div>	
Mailing Address 7915 S EMERSON AVE STE B101			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">40000.00</div>	
City INDIANAPOLIS	State IN	Zip Code 46237	Transaction ID : SE24.154293 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> MM / DD / YYYY </div>	
Purpose of Expenditure NATIONAL FIELD PROGRAMS		Category/Type <div style="border: 1px solid black; width: 50px; height: 20px;"></div>	<div style="display: flex; justify-content: space-between;"> MM / DD / YYYY </div>	
Name of Federal Candidate: TRUMP, DONALD, J., ,			Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">649355.79</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures	▶	69550.00
(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.

BACKER, DAN, , ,

[Electronically Filed]

Date

MM / DD / YYYY

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 235 OF 237
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) The Committee To Defend The President	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00544767 </div>
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 Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on

M M /

D D /

Y Y Y Y Y Y

Full Name of Payee <input checked="" type="checkbox"/> Memo Item RRTVMEDIA, LLC			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Mailing Address 3948 3RD STREET S SUITE 18			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">100000.00</div>	
City JACKSONVILLE BEACH	State FL	Zip Code 32250		
Purpose of Expenditure ESTIMATED JANUARY TELEVISION ADVERTISING		Category/ Type	Transaction ID : SE24.154282 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Name of Federal Candidate: TRUMP, DONALD, J., ,			Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <input type="checkbox"/> Memo Item RRTVMEDIA, LLC SEE ESTIMATE TRANSACTION ID# SE24.154282			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Mailing Address 3948 3RD STREET S SUITE 18			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">25000.00</div>	
City JACKSONVILLE BEACH	State FL	Zip Code 32250		
Purpose of Expenditure TELEVISION ADVERTISING		Category/ Type	Transaction ID : SE24.154283 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Name of Federal Candidate: TRUMP, DONALD, J., ,			Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures	▶	25000.00
(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.

BACKER, DAN, ,

[Electronically Filed]

Signature

Date

M M /

D D /

Y Y Y Y Y Y

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 236 OF 237
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) The Committee To Defend The President	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00544767 </div>
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 Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on MM / DD / YYYY

Full Name of Payee <input type="checkbox"/> Memo Item RRTVMEDIA, LLC SEE ESTIMATED TRANSACTION ID# SE24.154282			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> MM / DD / YYYY </div>	
Mailing Address 3948 3RD STREET S SUITE 18			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">40000.00</div>	
City JACKSONVILLE BEACH	State FL	Zip Code 32250	Transaction ID : SE24.154289 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> MM / DD / YYYY </div>	
Purpose of Expenditure TELEVISION ADVERTISING			Category/Type 	
Name of Federal Candidate: TRUMP, DONALD, J., ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: _____ State: _____	
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; text-align: right;">649355.79</div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <input type="checkbox"/> Memo Item RRTVMEDIA, LLC SEE ESTIMATE TRANSACTION ID# SE24.154282			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> MM / DD / YYYY </div>	
Mailing Address 3948 3RD STREET S SUITE 18			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">60000.00</div>	
City JACKSONVILLE BEACH	State FL	Zip Code 32250	Transaction ID : SE24.154525 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> MM / DD / YYYY </div>	
Purpose of Expenditure TELEVISION ADVERTISING			Category/Type 	
Name of Federal Candidate: TRUMP, DONALD, J., ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: _____ State: _____	
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; text-align: right;">649355.79</div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures	▶ <div style="border: 1px solid black; padding: 2px; text-align: right;">100000.00</div>
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶ <div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(c) TOTAL Independent Expenditures	▶ <div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

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.

BACKER, DAN, , ,

[Electronically Filed]

Date

MM / DD / YYYY

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 237 OF 237
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) The Committee To Defend The President		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00544767 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report Amends report filed on		<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M M</div> <div style="border: 1px solid black; padding: 2px;">D D D</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	

Full Name of Payee <input type="checkbox"/> Memo Item RRTVMEDIA, LLC SEE ESTIMATE TRANSACTION ID# SE24.151482			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M M</div> <div style="border: 1px solid black; padding: 2px;">D D D</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>		
Mailing Address 3948 3RD STREET S SUITE 18			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">50000.00</div>		
City JACKSONVILLE BEACH	State FL	Zip Code 32250	Transaction ID : SE24.154536 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M M</div> <div style="border: 1px solid black; padding: 2px;">D D D</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>		
Purpose of Expenditure TELEVISION ADVERTISING		Category/ Type	<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M M</div> <div style="border: 1px solid black; padding: 2px;">D D D</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>		

Name of Federal Candidate: TRUMP, DONALD, J., ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; text-align: right;">649355.79</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <input type="checkbox"/> Memo Item RRTVMEDIA, LLC			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M M</div> <div style="border: 1px solid black; padding: 2px;">D D D</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>		
Mailing Address 3948 3RD STREET S SUITE 18			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">30000.00</div>		
City JACKSONVILLE BEACH	State FL	Zip Code 32250	Transaction ID : SE24.154539 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M M</div> <div style="border: 1px solid black; padding: 2px;">D D D</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>		
Purpose of Expenditure TELEVISION ADVERTISING		Category/ Type	<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M M</div> <div style="border: 1px solid black; padding: 2px;">D D D</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>		

Name of Federal Candidate: TRUMP, DONALD, J., ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; text-align: right;">649355.79</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px; text-align: right;">80000.00</div>
(b) SUBTOTAL of Unitemized Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(c) TOTAL Independent Expenditures	<div style="border: 1px solid black; padding: 2px; text-align: right;">694355.79</div>

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.

BACKER, DAN, , ,

Signature

[Electronically Filed]

Date

M M M

D D D

Y Y Y Y Y Y